ANNUAL REPORT

for the fiscal year
ending March 31, 1989

Health Services and Insurance Commission

91-01554/

To His Honor,
The Honorable Lloyd R. Crouse, P.C.
Lieutenant-Governor of Nova Scotia

Sir:

I have the honor to present the sixteenth Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1989.

I have the honor to be, Sir,

Your most obedient servant,

David Nantes

David Nantes
Minister of Health and Fitness

To The Honorable David Nantes
Minister of Health and Fitness
Province of Nova Scotia

Sir:

I have the honor to present the sixteenth Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1989.

I have the honor to be, Sir,

Your obedient servant,

Clemm E. Larsen, C.D.
Chairman

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COMMITTEE STRUCTURE

INTRODUCTION

LEGISLATION

The Health Services and Insurance Commission was established by Chapter 8 of the Statutes of Nova Scotia, 1973 — the Health Services and Insurance Act. This annual report is made pursuant to Section 16(1) of that Act.

This Act repealed the Medical Care Insurance Act and the Hospital Insurance Act. The Health Services and Insurance Act was amended by Chapter 2 of the Statutes of 1977, at which time responsibility for the hospital programs was deleted from the Commission's responsibility. The Commission continues to provide insurance coverage to Nova Scotia residents for a wide range of services provided by physicians, dentists, optometrists, and pharmacists.

Effective July 1, 1984, the Health Services and Insurance Act was amended by Chapter 50 of the Acts of 1984. The effect of the amendment was to preclude billing above tariff by physicians, dentists, and optometrists. The amendment also established a system of final offer arbitration for resolution of issues relating to compensation.

THE COMMISSION

The Commission consists of not fewer than 9 or more than 12 members, appointed by the Lieutenant-Governor in Council, who are responsible to the Minister of Health and Fitness. At year end there were 12 members including two physicians nominated by the Medical Society of Nova Scotia and two members nominated by the Nova Scotia Association of Health Organizations.

Each Commissioner holds office for the term prescribed by his or her appointment and is eligible for reappointment but shall not hold office for a term exceeding six consecutive years. During 1988-89 Mr. C.E. Larsen was reappointed as Chairman of the Commission; Mr. C. Herbert Inness was appointed for a one-year term; and Dr. N. Kenneth MacLennan was reappointed for a three-year term.

Commissioners as at March 31, 1989 were:

Clemm E. Larsen Parrsboro	Chairman
Professor R.G. Murray Dartmouth	Vice-Chairman
Dr. R. John Fraser Musquodoboit Harbour	
C. Herbert Inness Port Medway	
Mary MacDonald New Waterford	
William MacDonald Yarmouth	
Dr. N.K. MacLennan Sydney	
Malcolm MacQuarrie Truro	
Dr. Bruce Pretty Halifax	
Garth D. Pulsifer Windsor	
Major General George Spencer Chester	
Dr. George S. Zwicker Halifax	

Executive Director — Derek C. Dinham

Address
P. O. Box 760, Halifax, Nova Scotia B3J 2V2
Telephone: 424-7733

GENERAL INFORMATION

COMMISSION PROGRAMS

The Commission is responsible for providing the following programs to Nova Scotia residents:

(1) Medical services

- 1.1 Physician fee-for-service
- 1.2 Salaried physicians
- 1.3 Dental-surgical services performed in hospital

(2) Vision analyses by optometrists

(3) Prescription drug programs for residents 65 years of age and over

(4) Dental services for children to age 16

(5) Special Dental Programs

- 5.1 Services for residents of the School for the Blind
- 5.2 Services for patients with cleft lip/cleft palate
- 5.3 Services to the severely mentally retarded when required to be done in hospital

(6) Special Drug Programs

- 6.1 Drugs for cystic fibrosis patients
- 6.2 Drugs for diabetes insipidus related to the pituitary gland
- 6.3 Program of drugs for cancer patients
- 6.4 Drug program for patients with a certified growth hormone deficiency

(7) Provision of normal arm and leg prostheses, ocular prostheses, and maxillofacial surgery prostheses.

The Commission carries out its responsibilities through regular monthly meetings and through an extensive committee structure. During 1988-89 12 meetings of the Commission were held, and committees met as required. Support staff for the Commission include the Executive Director, an Administrative Assistant, and two secretarial positions.

Funding

The funds to carry out the purposes and functions of the Commission are provided by appropriations from the Legislature, and all services are rendered without the payment of premiums or co-insurance charges imposed by the Commission or the Province.

Eligibility for Benefits

Registration of beneficiaries is carried out by Maritime Medical Care Incorporated.

Eligibility for benefits for residents does not depend upon prior registration. No premiums are required. Eligibility is based on the family concept, and all unmarried dependents under the age of 18 are registered on the family's registration certificate. Persons 18 years of age are issued a separate registration card at the start of the month following the month in which they reach their 18th birthday.

New residents of Nova Scotia are required to register with Maritime Medical Care Incorporated.

Residents of other provinces moving to Nova Scotia are provided with coverage on the first day of the third month following the month they move to Nova Scotia. Immediate coverage is available for certain special residents on arrival in Nova Scotia. Such special residents would include landed immigrants, discharged members of the Canadian Armed Forces, and returning Canadians from abroad.

Method of Payment

The majority of payments are made directly to the provider by the Commission on behalf of the individual, although provision has been made for direct payment to the patient if the provider does not have opted-in status with the Commission. This, generally, is the case for services rendered outside Canada. Provision has been made by the Commission to permit the patient to assign the account to the provider concerned.

Payments made directly by the Commission to the provider are in accordance with the tariffs established by the Commission. The level of payment for coverage provided on an out-of-Canada basis for physicians is based on the comparative fee in Nova Scotia, plus 75 per cent of the balance.

No payments are made with respect to services provided at the request of a third party or for services deemed medically unnecessary.

THIRD PARTY RECOVERIES

The Commission attempts to recover amounts paid for medical services rendered as a result of the wrongful act of third parties. This function is carried out on behalf of the Commission by the Department of Health and Fitness.

During the fiscal year 1988-89, $199,698 in respect of medical services payments was recovered from third parties.

RESPONSIBILITIES OF THE COMMISSION

The Commission has the function and the power

11.(1) (a) to negotiate in good faith compensation for insured medical services between the Commission on behalf of the Province and

(i) the Society on behalf of duly qualified medical practitioners in the Province who provide insured medical services, or

(ii) a professional organization representing persons in the Province who render insured medical services and who are not duly qualified medical practitioners;

(b) to participate in any process of final offer arbitration as provided for in this Section;

(ba) to establish the tariff or tariffs of fees or other system of payment for insured medical services determined in accordance with this Section and, with the approval of the Governor in Council, to authorize payments in respect thereof;

(c) to interpret tariffs and determine their application to the assessment of claims;

(d) to conduct surveys and research in relation to services that are insured under this Act;

(e) to perform such other functions as may be assigned to it from time to time by the Governor in Council or the Minister;

(f) to do all other acts and things that the Commission considers necessary or advisable for the purpose of carrying out effectively the intent and purposes of this Act.

TARIFF DEVELOPMENT

Under the Act, the Commission has the power and the responsibility to establish a tariff or tariffs of fees or other system of payment for insured services. In carrying out this function, it meets with the various societies and/or associations before establishing such tariffs or other method of payment and requests approval of the Governor in Council to make payments in respect thereof.

Tariff increases effective during 1988-89 were:

- Medical tariff: 4.4 per cent effective April 1, 1988
- Dental tariff: 4.4 per cent effective April 1, 1988
- Optometric tariff: 4.4 per cent effective April 1, 1988
- The professional component of the pharmacy tariff: $7.53 effective July 1, 1988. An additional 50 cents, per prescription, is paid where a lower-priced drug is substituted for a higher priced drug, when substitution is allowed.

ADMINISTRATION

The Executive Director, Mr. Derek C. Dinham, is responsible to the Commission for the overall direction of the plan. Maritime Medical Care Incorporated is responsible for the day-to-day administration and for the assessment of claims in respect of insured services in accordance with the tariffs established by the Commission. It is also responsible for paying claims in accordance with the Act and Regulations.

Maritime Medical Care Incorporated was paid $7,943,944 for the costs incurred in administering the MSI Plan. The total number of claims processed under all programs in 1988-89 was 9,112,363, an increase of 13.3 per cent over the previous year. Total payments increased by 10.5 per cent to $292,375,037 over the previous year. Statistical data relating to all programs are included in the statistical section of this report.

HIGHLIGHTS 1988-89

1. Mr. Clemm E. Larsen of Parrsboro was reappointed as Chairman of the Commission for the period January 1, 1989 to December 31, 1991. Dr. N. K. MacLennan was reappointed to the Commission for the same time period.

   Mr. C. Herbert Inness was appointed to the Commission for the period March 15, 1989 to March 14, 1990.

2. During 1988-89 most providers, including physicians, dentists, pharmacists and optometrists, were in the concluding year of multi-year agreements that provided for an increase equal to the increase in the Consumer Price Index. As a result, these tariffs were increased by 4.4 per cent. The medical, dental, and optometric tariffs increased April 1, 1988, and the pharmacy tariff increased July 1, 1988.

3. A new committee structure was introduced within the Commission during 1987-88 with a view to improving program review and planning. This resulted in increased committee activity 1988-89.

4. A review of the current physician payment system was started in 1988-89. This is a major project and will stretch over a number of years resulting in increased expenditures on computer systems. The new system is expected to improve claims assessment and reduce staff requirements. It is also intended to take advantage of advancements in computer technology.

5. In April 1988 Maritime Medical Care Incorporated moved the MSI administration offices from the Lord Nelson Building in Halifax to the Maritime Medical Care Building in Burnside Park, Dartmouth.

HEALTH SERVICES AND INSURANCE COMMISSION

TWO YEAR BUDGET COMPARISON

1987-88 AND 1988-89

Budget Subject	1987-88	1988-89	Percentage of Change
Commission and Consultants	115,601.	143,005.	23.7
Office of the Executive Director	195,399.	210,248.	7.6
Systems and Development	63,898.	190,823.	198.6
Maritime Medical Care Inc.	7,365,890.	7,943,944.	7.8
Medical	194,995,159.	210,127,922.	7.8
Optometric	3,676,354.	4,056,281.	10.3
Children's Dental	12,084,758.	12,198,663.	.9
Pharmacare	55,676,205.	64,081,910.	15.1
Special Dental Plans	226,057.	194,154.	(14.1)
Prosthetic Services	572,384.	675,177.	18.0
Special Drug Programs	717,915.	1,040,930.	45.0
	275,689,620.	300,863,057.	9.1

STATISTICAL SECTION

This year the statistical section has been expanded to include a complete set of statistical tables. In previous years, only certain excerpts were printed in the annual reports, the complete tables being available only on request. In the interest of providing complete disclosure, the full set of statistical tables is now included as part of the Annual Report.

It will be noted that statistical data is sometimes different from the annual financial data. Year-end financial data contains estimates of expenditures outstanding at year-end to meet acceptable accounting practice. The financial data must agree with the figures published in the Public Accounts. Statistical data may reflect figures compiled after year-end and, thus, reflect more accurate information. Statistical data may also include different data elements than the financial information.

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NOVA SCOTIA MEDICAL SERVICES INSURANCE
1988-1989
SECTION ONE
GENERAL STATISTICS

Table 1
MSI Summary of Payments
12 Months Ended March 31, 1989

	1987-88	1988-89	Percentage Change
Physicians Services[1]			
Fee-for-service payments	$ 182,701,509	$ 203,781,367	11.5
Salaried & sessional payments	7,289,250	7,410,251	1.7
Reciprocal billing	—	1,806,847	—
Dept. Of Health & Fitness recoveries[2]	(566,136)	(678,212)	19.8
Total payments for physicians services	$ 189,424,623	$ 212,320,253	12.1
Dental services			
Insured dental surgical services	$ 2,575,378	$ 2,686,084	4.3
Children's Dental Plan	12,169,460	12,142,413	- 0.2
Cleft palate & special programs	229,335	210,248	- 8.3
Total dental payments	$ 14,974,173	$ 15,038,745	0.4
Optometric Services[1]			
Optometric Plan	$ 3,626,354	$ 4,226,281	16.5
Prescription Drugs			
MSI Pharmacare	$ 54,692,582	$ 63,492,273	16.1
Cystic fibrosis & diabetes insipidus	518,976	620,496	19.6
Cancer Society	102,851	202,170	96.6
Growth hormones	78,532	233,264	197.0
Prosthetic Services	$ 574,939	$ 609,177	6.0
TOTAL MSI PAYMENTS	$ 263,993,030	$ 296,742,659	12.4

1. There were 27 payments to physicians and optometrists in 1988-89, instead of the normal 26.
2. Includes reimbursements for out-of-province hospital out-patient and diagnostic services and for a portion of billings by Victoria General Hospital Emergency Department physicians.

Table 2
Five-Year Comparison of Selected MSI Statistics
and Annual Percentage Increases

	1984-85	1985-86	1986-87	1987-88	1988-89
Insured population	855,000	859,000	862,000	868,000	872,000
	1.1%	0.5%	0.3%	0.7%	0.5%
Physicians paid	1,572	1,653	1,715	1,731	1,806
	7.8%	5.2%	3.8%	0.9%	4.3%
Dentists paid	328	340	351	367	386
	4.1%	3.7%	3.2%	4.6%	5.2%
Optometrists paid	52	53	58	53	56
Pharmacies paid	221	230	247	246	244
	0.9%	4.1%	7.4%	-0.4%	-0.8%
TOTAL MSI PAYMENTS	$202,397,817	$224,370,828	$243,625,530	$263,993,030	$296,742,659
	11.8%	10.9%	8.6%	8.4%	12.4%
Payments per insured person	$236.96	$261.56	283.02	$304.14	$340.30
	10.6%	10.4%	8.2%	7.5%	11.9%
Claims processed	6,985,000	7,276,000	7,714,000	8,043,000	8,782,000
	3.9%	4.2%	6.0%	4.3%	9.2%

DISTRIBUTION OF PAYMENTS FOR MAJOR PLANS

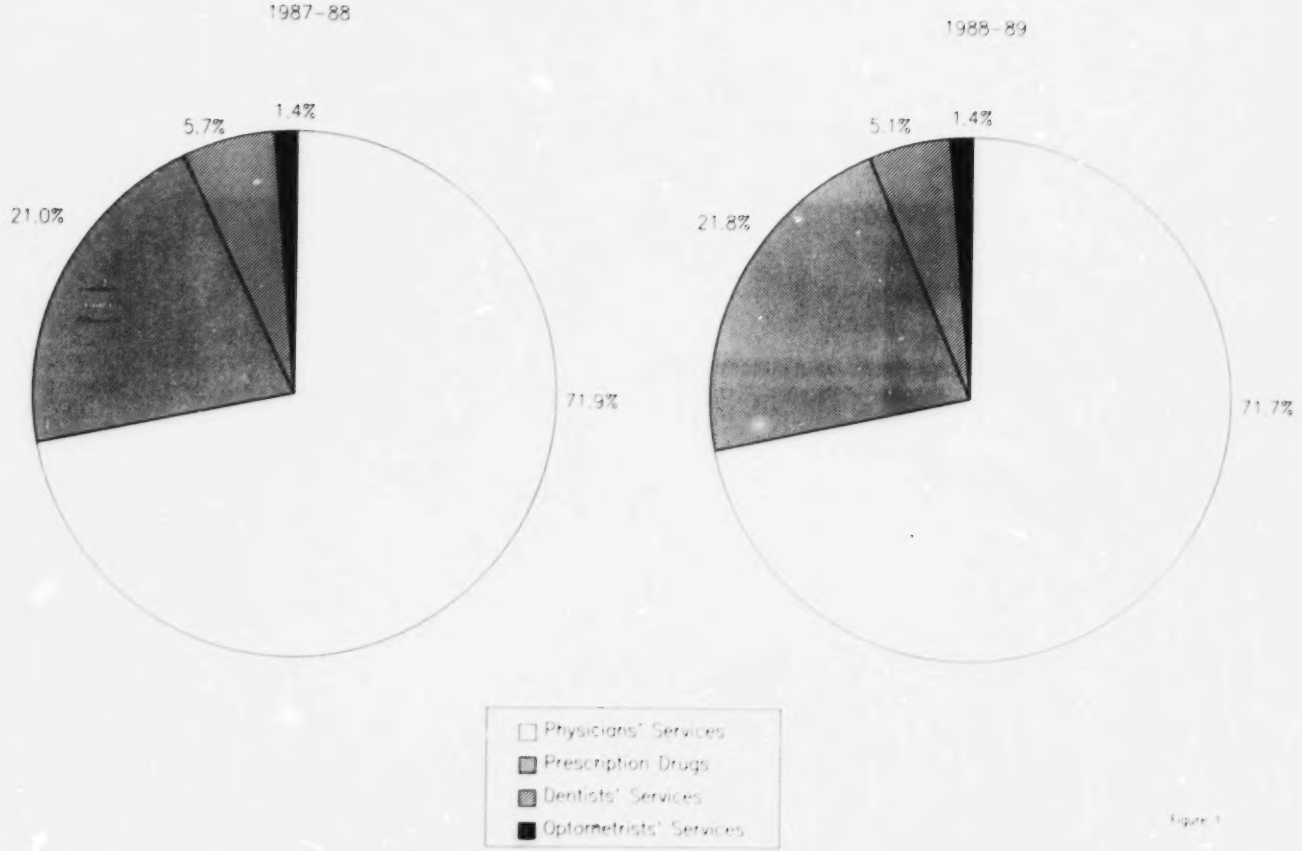


Figure 1

NOVA SCOTIA MEDICAL SERVICES INSURANCE
1988-1989
SECTION TWO
PHYSICIANS SERVICES

Table 1.0
Physicians Services
Payment and Utilization Summary
Fiscal 1988-89 Compared with Fiscal 1987-88

	1987-88	1988-89	Percentage Change
Payment Summary			
Fee-for-service payments for physicians services rendered in Nova Scotia	$ 179,536,799	$ 202,153,688	12.6
Physicians services rendered outside Nova Scotia	3,164,710	1,627,679	-48.6
Reciprocal billing	—	1,806,847	—
Dept. of Health & Fitness recoveries[1]	(566,136)	(678,212)	19.8
Total fee-for-service payments	$ 182,135,373	$ 204,910,002	12.5
Salaried physicians	7,289,250	7,410,251	1.7
Total payments for physicians services	$ 189,424,623	$ 212,320,253	12.1
Utilization Summary			
Persons insured[2]	867,900	871,600	0.4
Persons receiving insured services (beneficiaries)	788,085	801,170	1.7
Percentage of persons insured	90.8	91.9	
Services Rendered	6,841,568	7,305,730	6.8
Services per insured[3]	7.88	8.38	6.3
Expenditure per insured[4]	$ 218.26	$ 243.60	11.6
Services per beneficiary[3]	8.68	9.12	5.1
Expenditure per beneficiary[4]	$ 240.36	$ 265.01	10.3

1. Includes reimbursements for out-of-province hospital out-patient and diagnostic services and for a portion of billings by V.G. Emergency Department physicians.
2. Estimates of insured population as of October 1 are 867,900 for 1987-88 and 871,600 for 1988-89. These figures exclude 13,400 individuals in the Armed Forces or RCMP in 1987-88, and 13,400 individuals in 1988-89.
3. Excludes services performed by physicians under salary arrangement.
4. Includes payments for salaried physicians services.

Table 1.1
Physicians Services
Number of Physicians Paid

Payment Category	Number Of Physicians 12 Months Ended March 31, 1988	12 Months Ended March 31, 1989
Physicians who received fee-for-services payments only	1,597	1,662
Physicians who received fee-for-service and salary payments	93	100
Total physicians — fee-for-service	1,690	1,762
Physicians who received salary payments only	41	44
TOTAL PHYSICIANS WHO RECEIVED MSI PAYMENTS	1,731	1,806

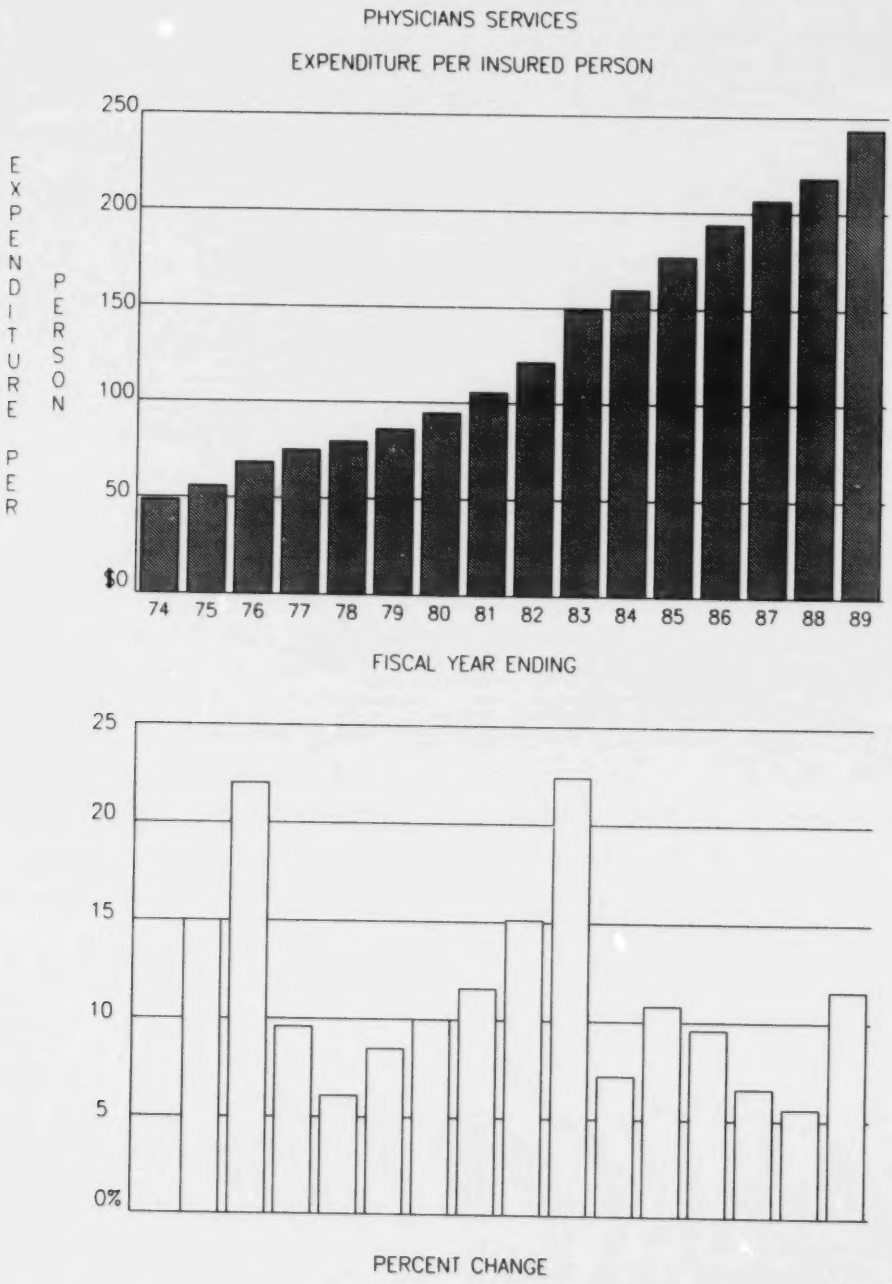

PHYSICIANS SERVICES
EXPENDITURE PER INSURED PERSON
EXPENDITURE PER PERSON
250
200
150
100
50
$0
74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89
FISCAL YEAR ENDING
25
20
15
10
5
0%
PERCENT CHANGE

Figure 2

Table 1.2
Physicians Services
Total MSI Payments for Physicians Services[1]
and Expenditure per Insured Person, 1973-74 to 1988-89

	Total Paid	Expenditure per Insured Person	Percentage Change from Previous Year
1973-74	$ 38,571,411	$ 48.58	—
1974-75	44,851,793	55.93	15.0
1975-76	55,348,064	68.25	22.0
1976-77	61,107,308	74.79	9.6
1977-78	65,051,135	79.33	6.1
1978-79	70,928,849	86.08	8.5
1979-80	78,306,480	94.69	10.0
1980-81	87,788,152	105.64	11.6
1981-82	101,446,850	121.64	15.1
1982-83	124,952,265	148.93	22.4
1983-84	135,063,879	159.65	7.2
1984-85	151,223,661	176.87	10.8
1985-86	166,509,795	193.84	9.6
1986-87	178,179,570	206.70	6.6
1987-88	189,424,623	218.23	5.6
1988-89	212,320,253	243.60	11.6

1. Includes payments to hospitals and institutions with respect to insured services performed by salaried physicians, as well as fee-for-service payments.

Table 2.0
Physician Services
Fee-for-Service Payments by County

County	12 Months Ended March 31, 1988 Physicians	Amount Paid	% of Total	12 Months Ended March 31, 1989 Physicians	Amount Paid	% of Total
Annapolis	28	$2,529,913	1.4	27	$3,010,417	1.5
Antigonish	40	4,157,451	2.3	46	4,759,599	2.3
Cape Breton	169	23,601,705	12.9	169	26,915,308	13.2
Colchester	60	7,277,757	4.0	63	7,927,848	3.9
Cumberland	46	5,109,154	2.8	50	5,664,068	2.8
Digby	22	2,332,284	1.3	24	2,427,948	1.2
Guysborough	15	913,034	0.5	14	1,166,833	0.6
Halifax	929	91,007,849	49.8	980	102,404,553	50.2
Hants	41	3,837,538	2.1	44	4,397,732	2.2
Inverness	16	2,488,908	1.4	17	2,833,585	1.4
Kings	95	10,794,079	5.9	94	12,252,030	6.0
Lunenburg	66	6,802,481	3.7	69	7,549,884	3.7
Pictou	68	7,858,788	4.3	69	8,800,293	4.3
Queens	13	1,537,755	0.8	12	1,678,012	0.8
Richmond	8	1,208,709	0.7	8	1,196,406	0.6
Shelburne	16	1,768,533	1.0	16	1,843,885	0.9
Victoria	9	920,714	0.5	10	1,046,528	0.5
Yarmouth	49	5,390,147	2.9	50	6,278,759	3.1
NOVA SCOTIA	1,690	$179,536,799	98.3	1,762	$202,153,688	99.2
Out-of-Province	—	3,164,710	1.7	—	1,627,679	0.8
Total Fee-for Service Payments	1,690	$182,701,509	100.0	1,762	$203,781,367	100.0

Table 3.0
Physicians Services
Fee-for-Service Payments by Specialty in Urban[1] and Rural Areas

Specialty	12 Months Ended March 31, 1988 Physicians	12 Months Ended March 31, 1988 Amount Paid	12 Months Ended March 31, 1989 Physicians	12 Months Ended March 31, 1989 Amount Paid
General Practice				
Urban	502	$43,060,495	542	$49,282,595
Rural	443	48,440,126	459	54,451,783
TOTAL	945	91,500,621	1,001	103,734,378
Medical Specialities				
Anesthesia				
Urban	62	7,023,573	60	8,515,072
Rural	17	1,598,511	16	1,846,540
TOTAL	79	8,622,084	76	10,361,612
Dermatology				
TOTAL (Urban)	13	2,246,628	13	2,650,767
Internal Medicine				
Urban	107	11,016,246	109	11,875,768
Rural	34	3,816,811	38	4,248,881
TOTAL	141	14,833,057	147	16,124,649
Neurology				
TOTAL (Urban)	12	1,185,424	14	1,337,629
Pediatrics				
Urban	56	4,745,674	61	5,560,989
Rural	6	582,044	6	648,798
TOTAL	62	5,327,718	67	6,209,787
Physical Medicine				
TOTAL (Urban)	9	1,126,105	9	1,135,182

1. Urban areas are defined as areas with population over 35,000. Those areas include: Sydney urban area within a perimeter bounded by North Sydney, Sydney City, and Glace Bay. The Halifax-Dartmouth area within a perimeter bounded by Halifax, Middle Sackville, and Dartmouth.

Table 3.0 — Continued

Specialty	12 Months Ended March 31, 1988 Physicians	12 Months Ended March 31, 1988 Amount Paid	12 Months Ended March 31, 1989 Physicians	12 Months Ended March 31, 1989 Amount Paid
Psychiatry				
Urban	64	$5,069,360	66	$5,872,253
Rural	21	1,197,291	22	1,603,203
TOTAL	85	6,266,651	88	7,475,456
All Medical Specialities				
Urban	323	32,413,010	332	36,947,660
Rural	78	7,194,657	82	8,347,422
TOTAL	401	39,607,667	414	45,295,082
Surgical Specialities				
Cardiovascular Surgery				
Urban	4	1,381,835	4	1,492,437
Rural	3	827,777	3	875,543
TOTAL	7	2,209,612	7	2,367,980
General Surgery				
Urban	54	7,715,892	51	8,679,983
Rural	36	5,494,562	36	5,787,192
TOTAL	90	13,210,454	87	14,467,175
Neurosurgery				
TOTAL (Urban)	6	990,649	6	1,153,881
Obstetrics & Gynecology				
Urban	29	5,302,963	31	5,862,421
Rural	12	1,640,570	12	1,646,158
TOTAL	41	6,943,533	43	7,508,579
Opthalmology				
Urban	24	6,187,404	27	6,766,647
Rural	12	2,374,331	14	2,883,776
TOTAL	36	8,561,735	41	9,650,423
Otolaryngology[1]				
TOTAL	20	4,567,027	21	5,074,695

1. To preserve confidentiality, the urban and rural distribution has not been shown.

Table 3.0 — Continued

Specialty	12 Months Ended March 31, 1988 Physicians	12 Months Ended March 31, 1988 Amount Paid	12 Months Ended March 31, 1989 Physicians	12 Months Ended March 31, 1989 Amount Paid
Orthopedic Surgery				
Urban	17	$ 3,649,036	16	$ 3,955,297
Rural	3	649,308	3	839,475
TOTAL	20	4,298,344	19	4,794,772
Plastic Surgery				
TOTAL (Urban)	8	1,869,493	9	1,995,752
Thoracic Surgery[1]				
TOTAL	7	987,213	6	1,137,649
Urology				
Urban	15	2,942,306	15	3,104,330
Rural	3	568,868	3	527,949
TOTAL	18	3,511,174	18	3,632,279
All Surgical Specialities				
Urban	180	34,898,460	180	38,162,262
Rural	73	12,250,774	77	13,620,923
TOTAL	253	47,149,234	257	51,783,185
Other Specialities				
Pathology				
Urban	15	62,628	14	74,522
Rural	5	4,575	5	7,858
TOTAL	20	67,203	19	82,380
Radiology				
Urban	47	960,259	47	1,073,951
Rural	24	251,815	24	184,712
TOTAL	71	1,212,074	71	1,258,663

1. To preserve confidentiality, the urban and rural distribution has not been shown.

Table 3.0 — Continued

Specialty	12 Months Ended March 31, 1988 Physicians	12 Months Ended March 31, 1988 Amount Paid	12 Months Ended March 31, 1989 Physicians	12 Months Ended March 31, 1989 Amount Paid
All Physicians				
Urban	1,067	$111,394,852	1,115	$125,540,990
Rural	623	68,141,947	647	76,612,698
TOTAL	1,690	$179,536,799	1,762	$202,153,688
Out-of-province	—	3,164,710	—	1,627,679
TOTAL — Fee-for-service payments	1,690	$182,701,509	1,762	$203,781,367

Table 3.1
Physicians Services
Distribution of Physicians by Specialty and County[1]

	General Practice		Internal Medicine		Neurology		Pediatrics		Dermatology	
	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89
Annapolis	21	19	2	2	-	-	-	-	-	-
Antigonish	22	26	5	5	-	-	-	-	-	-
Cape Breton	104	106	14	11	-	-	3	4	-	-
Colchester	43	45	2	2	-	-	1	1	-	-
Cumberland	36	40	2	3	-	-	-	-	-	-
Digby	20	22	-	-	-	-	-	-	-	-
Guysborough	14	13	1	1	-	-	-	-	-	-
Halifax	423	464	93	98	12	14	54	58	13	13
Hants	33	36	1	2	-	-	-	-	-	-
Inverness	13	14	-	-	-	-	-	-	-	-
Kings	55	52	7	8	-	-	1	1	-	-
Lunenburg	49	49	4	4	-	-	1	1	-	-
Pictou	45	46	5	6	-	-	1	1	-	-
Queens	8	8	2	2	-	-	-	-	-	-
Richmond	8	8	-	-	-	-	-	-	-	-
Shelburne	15	15	-	-	-	-	-	-	-	-
Victoria	6	7	1	1	-	-	-	-	-	-
Yarmouth	30	31	2	2	-	-	1	1	-	-
TOTAL	945	1,001	141	147	12	14	62	67	13	13

	General Surgery		Thoracic Surgery		Neurosurgery		Plastic Surgery		Orthopedic Surg		Cardiovascular Surgery	
	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89
Annapolis	3	3	-	-	-	-	-	-	-	-	-	-
Antigonish	3	4	-	-	-	-	-	-	-	-	-	-
Cape Breton	14	14	-	-	1	1	-	-	1	2	2	2
Colchester	4	4	-	-	-	-	-	-	-	-	-	-
Cumberland	3	2	-	-	-	-	-	-	-	-	-	-
Digby	2	2	-	-	-	-	-	-	-	-	-	-
Guysborough	-	-	-	-	-	-	-	-	-	-	-	-
Halifax	41	38	5	4	5	5	8	9	16	14	2	2
Hants	3	3	-	-	-	-	-	-	-	-	-	-
Inverness	2	2	1	1	-	-	-	-	-	-	-	-
Kings	2	2	1	1	-	-	-	-	2	2	3	3
Lunenburg	3	4	-	-	-	-	-	-	-	-	-	-
Pictou	3	2	-	-	-	-	-	-	1	1	-	-
Queens	1	1	-	-	-	-	-	-	-	-	-	-
Richmond	-	-	-	-	-	-	-	-	-	-	-	-
Shelburne	1	1	-	-	-	-	-	-	-	-	-	-
Victoria	1	1	-	-	-	-	-	-	-	-	-	-
Yarmouth	4	4	-	-	-	-	-	-	-	-	-	-
TOTAL	90	87	7	6	6	6	8	9	20	19	7	7

1. All physicians who received fee-for-service payments are included in this table.

Table 3.1 — Continued

	Urology		Obstetrics & Gynecology		Anesthesia		Radiology		Ophthalmology & Otolaryngology	
	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89
Annapolis	-	-	-	-	-	1	1	1	1	1
Antigonish	-	-	3	3	1	-	3	4	1	2
Cape Breton	2	2	4	4	6	6	6	6	2	2
Colchester	1	1	1	2	1	1	4	3	1	1
Cumberland	-	-	-	-	2	2	1	1	1	1
Digby	-	-	-	-	-	-	-	-	-	-
Guysborough	-	-	-	-	-	-	-	-	-	-
Halifax	13	13	25	27	56	55	42	41	22	25
Hants	-	-	-	-	1	-	2	2	-	-
Inverness	-	-	-	-	-	-	-	-	-	-
Kings	1	1	3	4	5	5	3	3	4	4
Lunenburg	-	-	1	1	2	2	3	3	1	2
Pictou	1	1	3	1	2	3	3	3	2	2
Queens	-	-	-	-	2	1	-	-	-	-
Richmond	-	-	-	-	-	-	-	-	-	-
Shelburne	-	-	-	-	-	-	-	-	-	-
Victoria	-	-	-	-	-	-	-	-	-	-
Yarmouth	-	-	1	1	1	-	3	4	1	1
TOTAL	18	18	41	43	79	76	71	71	36	41

	Otolaryngology		Psychiatry		Physical Medicine		Pathology		Total	
	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89	1987-88	1988-89
Annapolis	-	-	-	-	-	-	-	-	28	27
Antigonish	1	1	1	1	-	-	-	-	40	46
Cape Breton	3	3	5	5	-	-	2	1	169	169
Colchester	-	-	2	3	-	-	-	-	60	63
Cumberland	-	-	1	1	-	-	-	-	46	50
Digby	-	-	-	-	-	-	-	-	22	24
Guysborough	-	-	-	-	-	-	-	-	15	14
Halifax	15	14	61	63	9	9	14	14	929	980
Hants	-	-	1	1	-	-	-	-	41	44
Inverness	-	-	-	-	-	-	-	-	16	17
Kings	1	1	6	6	-	-	1	1	95	94
Lunenburg	-	1	1	2	-	-	1	-	66	69
Pictou	-	-	1	1	-	-	1	2	68	69
Queens	-	-	-	-	-	-	-	-	13	12
Richmond	-	-	-	-	-	-	-	-	8	8
Shelburne	-	-	-	-	-	-	-	-	16	16
Victoria	-	-	1	1	-	-	-	-	9	10
Yarmouth	-	1	5	4	-	-	1	1	49	50
TOTAL	20	21	85	88	9	9	20	19	1,690	1,762

Table 3.2
Physicians Services – MSI Fee-for-Service Payments
Number of Physicians by Specialty and Payment Range[1]
(1987-88 Compared with 1988-89)

	Under $25,000		$25,000-49,999		$50,000-99,999		$100,000-149,999		$150,000-199,999	
	1988	1989	1988	1989	1988	1989	1988	1989	1988	1989
Anesthesia	9	5	5	3	15	8	29	22	19	33
Cardiovascular Surg.	-	-	-	-	-	-	-	1	1	-
Dermatology	1	2	2	2	4	2	1	-	-	1
General Practice	188	205	94	91	209	198	251	244	148	168
General Surgery	12	11	8	6	11	9	16	14	14	16
Internal Medicine	30	28	22	24	34	32	19	20	10	21
Neurology	2	3	1	3	6	5	1	-	1	2
Neurosurgery	-	-	-	-	1	-	-	-	4	4
Obstetrics & Gynecology	2	4	2	3	6	6	11	7	6	7
Ophthalmology	3	5	1	2	1	2	2	3	5	3
Ophthal. & Otolaryn.	-	-	1	1	1	-	-	1	-	-
Otolaryngology	2	-	-	-	2	4	1	1	3	3
Orthopedic Surgery	1	-	1	-	-	1	3	-	4	3
Pediatrics	16	17	7	4	17	21	10	7	8	11
Physical Medicine	2	2	-	-	1	1	4	4	-	-
Plastic Surgery	-	-	-	-	-	-	-	1	3	1
Psychiatry	27	20	13	14	15	23	18	15	9	11
Radiology	55	54	9	7	5	8	2	2	-	-
Thoracic Surgery	2	1	-	-	1	-	-	-	2	1
Urology	1	2	1	-	1	-	-	1	7	5
Pathology	20	19	-	-	-	-	-	-	-	-
TOTAL	373	378	167	160	330	320	368	343	244	290

	$200,000-249,999		$250,000-299,999		Over $300,000		Total	
	1988	1989	1988	1989	1988	1989	1988	1989
Anesthesia	2	5	-	-	-	-	79	76
Cardiovascular Surgery	-	-	3	2	3	4	7	7
Dermatology	1	-	1	2	3	4	13	13
General Practice	33	64	18	20	4	11	945	1,001
General Surgery	17	13	7	7	5	11	90	87
Internal Medicine	15	9	5	5	6	8	141	147
Neurology	-	-	-	-	1	1	12	14
Neurosurgery	1	2	-	-	-	-	6	6
Obstetrics & Gynecology	8	7	2	3	4	6	41	43
Ophthalmology	8	3	2	7	12	14	34	39
Ophthal. & Otolaryn.	-	-	-	-	-	-	2	2
Otolaryngology	3	4	3	2	6	7	20	21
Orthopedic Surgery	3	5	4	4	4	6	20	19
Pediatrics	2	4	2	2	-	1	62	67
Physical Medicine	1	2	1	-	-	-	9	9
Plastic Surgery	2	6	2		1	1	8	9
Psychiatry	2	3	-	1	1	1	85	88
Radiology	-	-	-	-	-	-	71	71
Thoracic Surgery	-	3	2	1	-	-	7	6
Urology	5	7	2	2	1	1	18	18
Pathology	-	-	-	-	-	-	20	19
TOTAL	103	137	54	58	51	76	1,690	1,762

1. This table provides data on MSI fee-for-service payments only.
2. 1988 refers to the fiscal year 1987-88; 1989 refers to the fiscal year 1988-89.

NUMBER OF PHYSICIANS PAID BY PAYMENT RANGE
(FEE-FOR-SERVICE)
(1) ALL PHYSICIANS

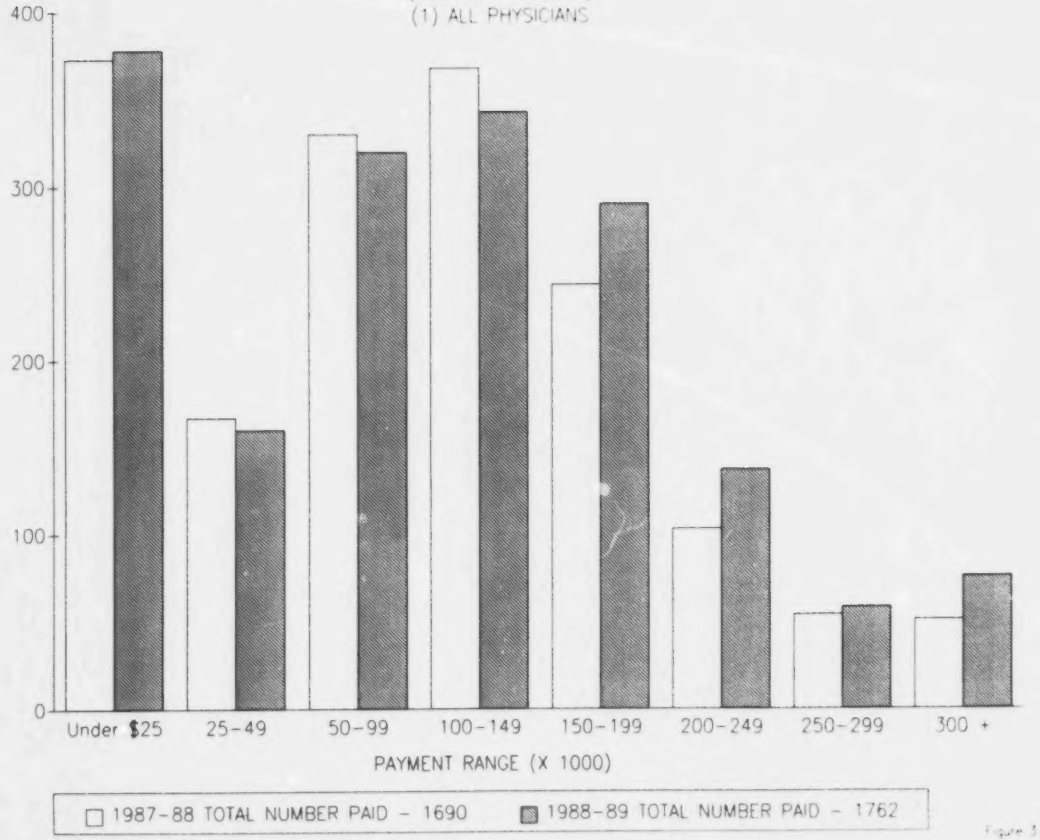


Figure 3

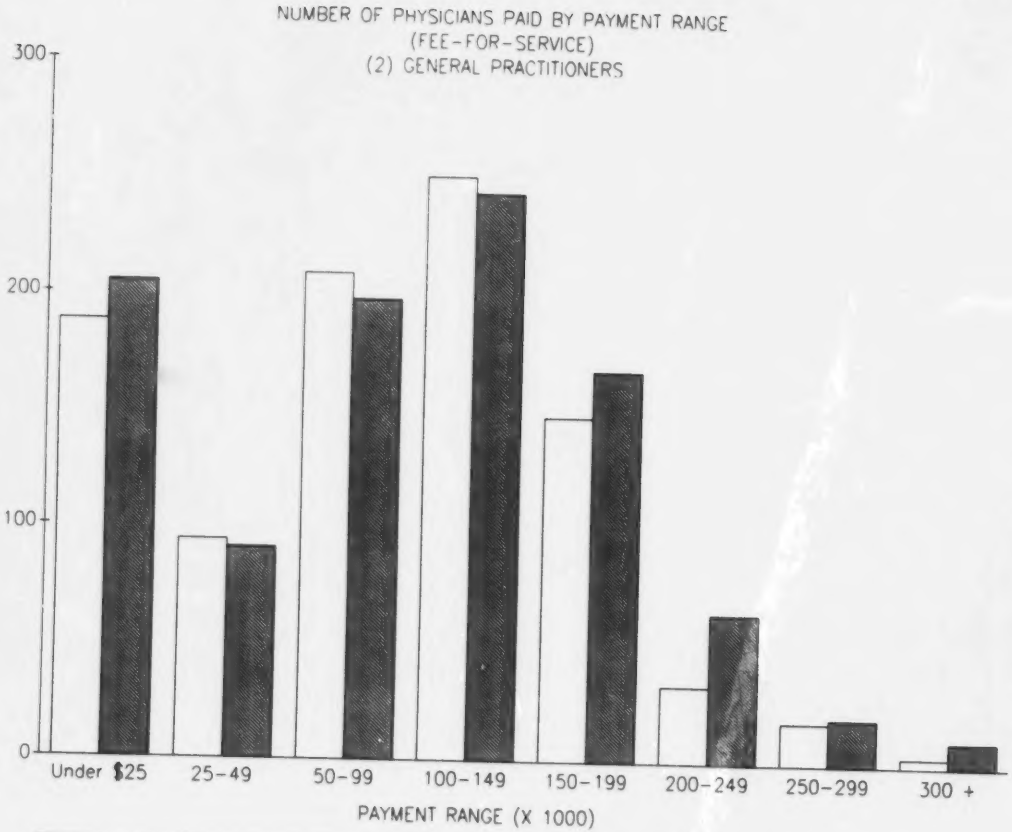

NUMBER OF PHYSICIANS PAID BY PAYMENT RANGE
(FEE-FOR-SERVICE)
(2) GENERAL PRACTITIONERS
300
200
100
0
Under $25
25-49
50-99
100-149
150-199
200-249
250-299
300 +
PAYMENT RANGE (X 1000)
1987-88 TOTAL NUMBER PAID - 945
1988-89 TOTAL NUMBER PAID - 1010

Figure 4

NUMBER OF PHYSICIANS PAID BY PAYMENT RANGE
(FEE-FOR-SERVICE)
(3) SPECIALISTS

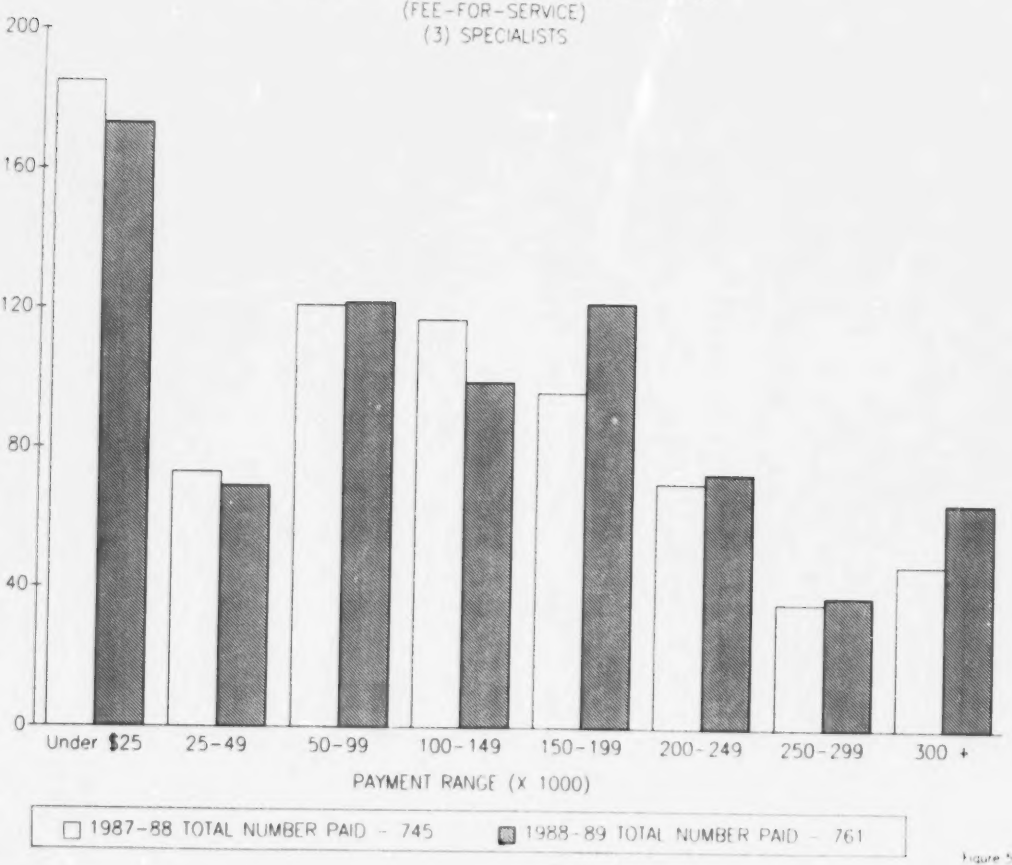


Figure 5

Table 4.0
Physicians Services
Fee-for-Service Payments
Number of Services by Type of Service

Type of Service	12 Months Ended March 31, 1988 Services	% of Total	12 Months Ended March 31, 1989 Services	% of Total	% Change Services
Consultations	380,313	5.6	406,769	5.6	7.0
Office visits	3,472,587	50.8	3,777,106	51.7	8.8
Home visits	157,316	2.3	168,234	2.3	6.9
Hospital visits	880,661	12.9	900,390	12.3	2.2
Emergency & out-patient dept. visits	568,886	8.3	611,202	8.4	7.4
Intensive care	48,725	0.7	48,108	0.6	-1.3
Psychiatric services	165,377	2.4	185,517	2.5	12.2
Sub-total	5,673,865	83.0	6,097,326	83.4	7.5
Eye examinations	70,542	1.0	70,522	1.0	—
Other diagnostic & therapeutic	479,318	7.0	515,925	7.1	7.6
Sub-total	549,860	8.0	586,447	8.1	6.7
Obstetrical care	132,607	1.9	162,314	2.2	22.4
Major surgery	73,027	1.1	80,496	1.1	10.2
Minor surgery	157,613	2.3	166,795	2.3	5.8
Surgical assist	21,813	0.3	23,975	0.3	9.9
Anesthesia	101,160	1.5	108,903	1.5	7.7
Sub-total	353,613	5.2	380,169	5.2	7.5
All other services[1]	131,623	1.9	79,474	1.1	-39.6
TOTAL	6,841,568	100.0	7,305,730	100.0	6.8

1. Includes amounts paid for out-of-province services, independent consideration, detention fees, and group immunization.

Table 4.1
Physicians Services
Fee-for-Service Payments
Amount Paid by Type of Service

Type of Service	12 Months Ended March 31, 1988 Amount Paid	% of Total	12 Months Ended March 31, 1989 Amount Paid	% of Total	% Change Amount Paid
Consultations	$23,700,403	13.0	$26,587,681	13.0	12.2
Office visits	60,588,056	33.2	67,447,855	33.1	11.3
Home visits	4,930,657	2.7	5,979,911	2.9	21.3
Hospital visits	11,501,314	6.3	13,015,950	6.4	13.2
Emergency & out-patient dept. visits	10,540,535	5.8	11,584,739	5.7	9.9
Intensive care	1,936,607	1.0	1,904,813	0.9	-1.6
Psychiatric services	9,170,174	5.0	11,037,791	5.4	20.4
Sub-total	$122,367,746	67.0	$137,558,740	67.4	12.4
Eye examinations	2,302,010	1.3	2,379,087	1.2	3.3
Other diagnostic & therapeutic	12,093,322	6.6	13,834,402	6.8	14.4
Sub-total	$ 14,395,332	7.9	$ 16,213,489	8.0	12.6
Obstetrical care	$5,282,523	2.9	$6,317,975	3.1	19.6
Major surgery	18,581,016	10.2	20,737,979	10.2	11.6
Minor surgery	5,680,032	3.1	6,022,790	3.0	6.0
Surgical assist	1,665,154	0.9	1,899,368	0.9	14.1
Anesthesia	9,710,773	5.3	11,416,532	5.6	17.6
Sub-total	$ 35,636,975	19.5	$ 40,076,669	19.7	12.5
All other services[1]	5,018,933	2.7	3,614,494	1.8	-28.0
TOTAL	$182,701,509	100.0	$203,781,367	100.0	11.5

1. Includes amounts paid for out-of-province services, independent consideration, detention fees, and group immunization.

Table 4.2
Physicians Services
Fee-for-Service Payments
Services and Amount Paid per 1,000 Insured Persons[1]

	Number of Services per 1,000 Insured 12 Months Ended March 31		Amount Paid per 1,000 Insured 12 Months Ended March 31	
	1988	1989	1988	1989
Consultations	438	467	$27,308	$30,505
Office visits	4,001	4,334	69,810	77,384
Home visits	181	193	5,681	6,861
Hospital visits	1,015	1,033	13,252	14,933
Emergency & out-patient dept. visits	655	701	12,145	13,291
Intensive care	56	55	2,231	2,185
Psychiatric services	191	213	10,566	12,664
Sub-total	6,537	6,996	$140,993	$157,823
Eye examinations	81	81	2,652	2,730
Other diagnostic & therapeutic	553	592	13,934	15,872
Sub-total	634	673	$ 16,586	$ 18,602
Obstetrical care	153	186	$6,087	$7,249
Major surgery	84	92	21,409	23,793
Minor surgery	182	191	6,544	6,910
Surgical assist	25	28	1,919	2,179
Anesthesia	116	125	11,189	13,098
Sub-total	407	436	$41,061	$45,980
All other services[2]	152	91	5,783	4,147
TOTAL	7,883	8,382	$210,510	$233,801

1. Estimates of insured population as of October 1 are 867,900 for 1987-88 and 871,600 for 1988-89. These figures exclude 13,400 individuals in the Armed Forces and RCMP in 1987-88, and 13,400 individuals in 1988-89.

2. See note 1 on Tables 4.0 and 4.1.

Table 5.0
MSI Payments for Physicians Services
Expenditure per Insured Person by County of Residence
Fiscal 1988-89

County	Persons Insured[1]	Expenditure per Insured Person		
		General Practitioners	Specialists	Total
Annapolis	22,800	$111.22	$ 93.74	$204.95
Antigonish	19,100	112.86	84.43	197.29
Cape Breton	121,700	126.81	113.35	240.16
Colchester	45,600	118.78	91.58	210.36
Cumberland	34,600	131.68	88.70	220.38
Digby	21,900	119.88	71.67	191.55
Guysborough	12,700	116.68	89.39	206.06
Halifax	306,000	113.25	136.88	250.13
Hants[2]	38,200	137.15	114.83	251.98
Inverness	21,700	123.04	93.68	216.72
Kings	53,100	123.51	118.57	242.08
Lunenburg	46,600	118.63	102.60	221.23
Pictou	49,400	129.47	97.85	227.32
Queens	13,100	111.04	103.89	214.93
Richmond	11,600	146.23	87.07	233.30
Shelburne	17,300	122.90	88.81	211.71
Victoria	8,800	108.38	80.94	189.32
Yarmouth	27,400	122.02	95.92	217.95
TOTAL	871,600	$120.27	$113.53	$233.80

1. The distribution of insured population by county was based on 1986 census data. This distribution was then applied to an estimate of insured population on October 1, 1988. This estimate of 871,600 excludes 13,400 individuals employed in the Armed Forces and RCMP.

2. Expenditure by county is based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county, and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in expenditure per insured person in Hants County, where a few thousand residents of Halifax County have postal addresses.

Table 5.1
MSI Payments for Physicians Services
Utilization Data and Expenditure per Patient by County of Residence
Fiscal 1988-89

County	Persons[1] Insured	Beneficianes[2]	Utilization Rate	Expenditure Per Patient
Annapolis	22,800	18,922	83.0	$246.96
Antigonish	19,100	17,610	92.2	213.99
Cape Breton	121,700	113,967	93.6	256.45
Colchester	45,600	41,663	91.4	230.24
Cumberland	34,600	31,238	90.3	244.10
Digby	21,900	18,499	84.5	226.76
Guysborough	12,700	10,994	86.6	238.04
Halifax	306,000	295,752	96.7	258.80
Hants[2]	38,200	39,072	100.0	246.35
Inverness	21,700	20,053	92.4	234.52
Kings	53,100	50,509	95.1	254.50
Lunenburg	46,600	41,087	88.2	250.92
Pictou	49,400	45,523	92.2	246.68
Queens	13,100	11,769	89.8	239.24
Richmond	11,600	10,650	91.8	254.11
Shelburne	17,300	15,270	88.3	239.86
Victoria	8,800	6,843	77.8	243.46
Yarmouth	27,400	25,508	93.1	234.11
TOTAL	871,600	801,170[3]	91.9	254.35

1. The distribution of insured population by county was based on 1986 census data. This distribution was then applied to an estimate of insured population on October 1, 1988. This estimate of 871,600 excludes 13,400 individuals employed in the Armed Forces and RCMP.

2. Beneficiary counts are based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county, and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in utilization rates in Hants County, where a few thousand residents of Halifax County have postal addresses. Expenditure per patient should not be affected by this problem, however.

3. Figures do not add up to total due to the fact that some beneficiaries were resident in more than one county throughout the year.

Table 6.0
Physicians Services
Distribution of Insured Persons by Number of Services Received

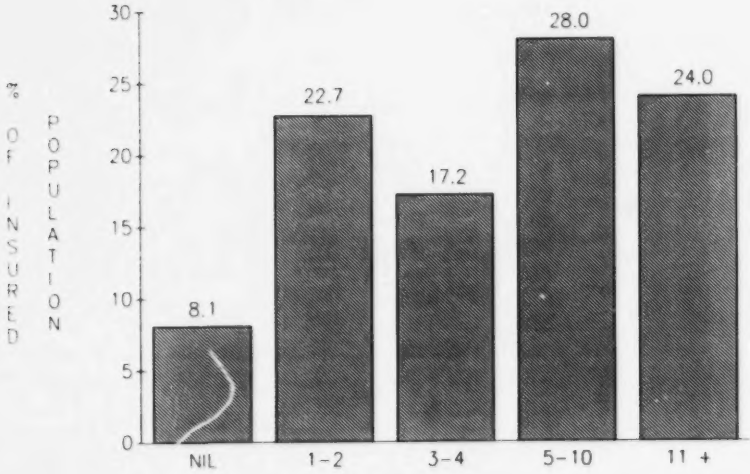
Number of Services	Persons[1] 1987-88	Persons[1] 1988-89	Amount Paid[2] 1987-88	Amount Paid[2] 1988-89
Part A. Number of Insured Persons				
NIL	80,633	70,430	$ —	$ —
One	110,478	104,800	2,310,674	2,239,873
Two	97,154	93,629	4,060,707	4,005,418
Three	82,283	80,722	5,333,289	5,349,089
Four	69,504	69,028	6,211,626	6,331,870
Five	57,998	58,495	6,766,970	6,952,000
6-10	179,110	185,360	34,677,737	36,784,250
11-25	145,925	159,465	64,905,917	73,651,298
26-50	33,548	37,364	33,914,967	39,877,689
51-100	9,235	10,082	16,907,167	20,113,700
Over 100	2,032	2,225	7,591,767	8,446,423
TOTAL	867,900	871,600	$182,680,821	$203,751,610
Part B. Percentage Distribution				
NIL	9.3%	8.1%	-%	-%
One	12.7	12.0	1.3	1.1
Two	11.2	10.7	2.2	2.0
Three	9.5	9.3	2.9	2.6
Four	8.0	7.9	3.4	3.1
Five	6.7	6.7	3.7	3.4
6-10	20.6	21.3	19.0	18.1
11-25	16.8	18.3	35.5	36.1
30-50	3.9	4.3	18.6	19.6
51-100	1.1	1.2	9.2	9.9
Over 100	0.2	0.2	4.2	4.1
TOTAL	100.0%	100.0%	100.0%	100.0%

1. The table above includes all persons who received any insured service during the year that was reimbursed on a fee-for-service basis. Persons who change MSI registration numbers during the year are counted twice if they received services under each number.

   The number receiving NIL services is a residual calculated by subtracting the number of beneficiaries from an estimate of the insured population.

2. Certain adjustments and services not rendered to individuals (e.g., immunization clinics) are not counted for this table and therefore total paid varies somewhat from totals reported elsewhere.

DISTRIBUTION OF INSURED POPULATION
BY NUMBER OF SERVICES RECEIVED
FISCAL YEAR 1988-89



CORRESPONDING PERCENTAGE OF TOTAL PAID

Figure 6

Table 6.1
Physicians Services
Distribution of Insured Persons by Amount Paid for Services Received

Dollar Value of Services	Persons[1] 1987-88	Persons[1] 1988-89	Amount Paid[2] 1987-88	Amount Paid[2] 1988-89
Part A. Number of Insured Persons				
NIL	80,633	70,430	$ —	$ —
$ 0.01-$10.00	1,978	1,246	12,616	11,318
10.01-25.00	97,788	87,135	1,680,917	1,464,214
25.01-50.00	131,438	105,820	5,127,237	3,844,397
50.01-100.00	152,078	166,080	11,464,035	11,804,244
100.01-150.00	98,343	104,381	12,218,533	12,722,162
150.01-200.00	65,748	69,291	11,438,023	11,986,206
200.01-300.00	77,897	84,903	19,040,855	20,728,324
300.01-500.00	73,070	79,681	28,213,069	30,757,479
500.01-$1000.00	59,063	66,480	41,009,156	46,256,943
Over $1000.00	29,864	36,153	52,476,380	64,126,323
TOTAL	867,900	871,600	$182,680,821	$203,751,610
Part B. Percentage Distribution				
NIL	9.3%	8.1%	—%	—%
$ 0.01-$10.00	0.2	0.2	—	—
10.01-25.00	11.3	10.0	0.9	0.7
25.01-50.00	15.1	12.1	2.8	1.9
50.01-100.00	17.5	19.1	6.3	5.8
100.01-150.00	11.3	12.0	6.7	6.2
150.01-200.00	7.6	8.0	6.3	5.9
200.01-300.00	9.0	9.7	10.4	10.2
300.01-500.00	8.4	9.1	15.4	15.1
500.01-$1000.00	6.8	7.6	22.5	22.7
Over $1000.00	3.5	4.1	28.7	31.5
TOTAL	100.0%	100.0%	100.0%	100.0%

1. The table above includes all persons who received any insured service during the year that was reimbursed on a fee-for-service basis. Persons who change MSI registration numbers during the year are counted twice if they received services under each number.

   The number receiving NIL services is a residual calculated by subtracting the number of beneficiaries from an estimate of the insured population.

2. Certain adjustments and services not rendered to individuals (e.g., immunization clinics) are not counted for this table and therefore total paid varies somewhat from totals reported elsewhere.

DISTRIBUTION OF INSURED POPULATION
BY AMOUNT PAID FOR SERVICES RECEIVED
FISCAL YEAR 1988–89

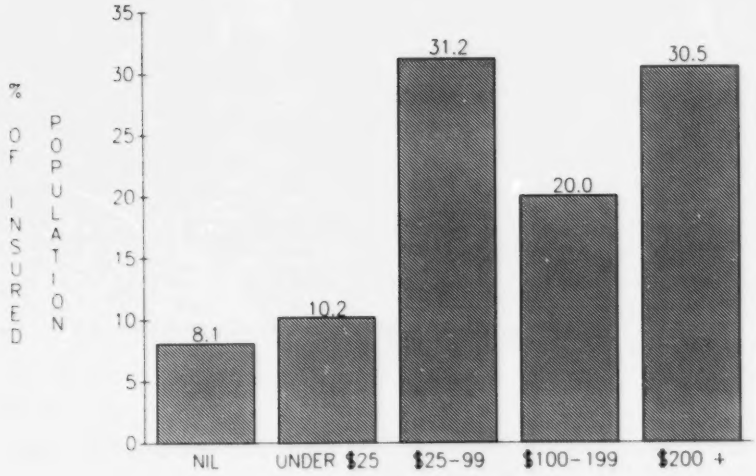


Figure 7

Table 7.0
MSI Fee-for-Service Expenditure per Insured Person
by Age and Sex
12 Months Ended March 31, 1989

Age Group	Insured Population[1]	Expenditure per Insured		
		Male	Female	Total
0-4	59,700	$275.67	$238.28	$257.42
5-9	58,500	142.69	127.53	135.24
10-14	63,400	101.02	103.24	102.10
15-19	65,700	108.35	187.37	146.53
20-24	80,300	93.47	229.83	160.49
25-29	77,200	113.29	309.18	211.65
30-34	70,300	137.27	294.32	217.05
35-39	74,400	131.38	227.84	179.62
40-44	56,200	172.82	266.52	219.42
45-49	43,100	200.44	287.19	243.76
50-54	39,600	241.20	278.11	259.69
55-59	37,000	309.64	296.54	302.85
60-64	37,000	347.15	310.87	328.05
65-69	35,200	432.21	363.71	394.95
70-74	30,600	458.65	402.16	427.38
75+	43,400	585.01	500.55	532.83
TOTAL	871,600	$200.22	$266.40	$233.81

1. The insured population in each age group was estimated as of October 1, 1988 by extrapolating from 1981 and 1986 census data. This estimate of 871,600 excludes 13,400 individuals employed in the Armed Forces and RCMP. Population estimates above are rounded to the nearest 100, while expenditure per insured was calculated from unrounded data.

MSI FEE FOR SERVICE EXPENDITURE PER INSURED PERSON
BY AGE AND SEX
12 MONTHS ENDED MARCH 31, 1989

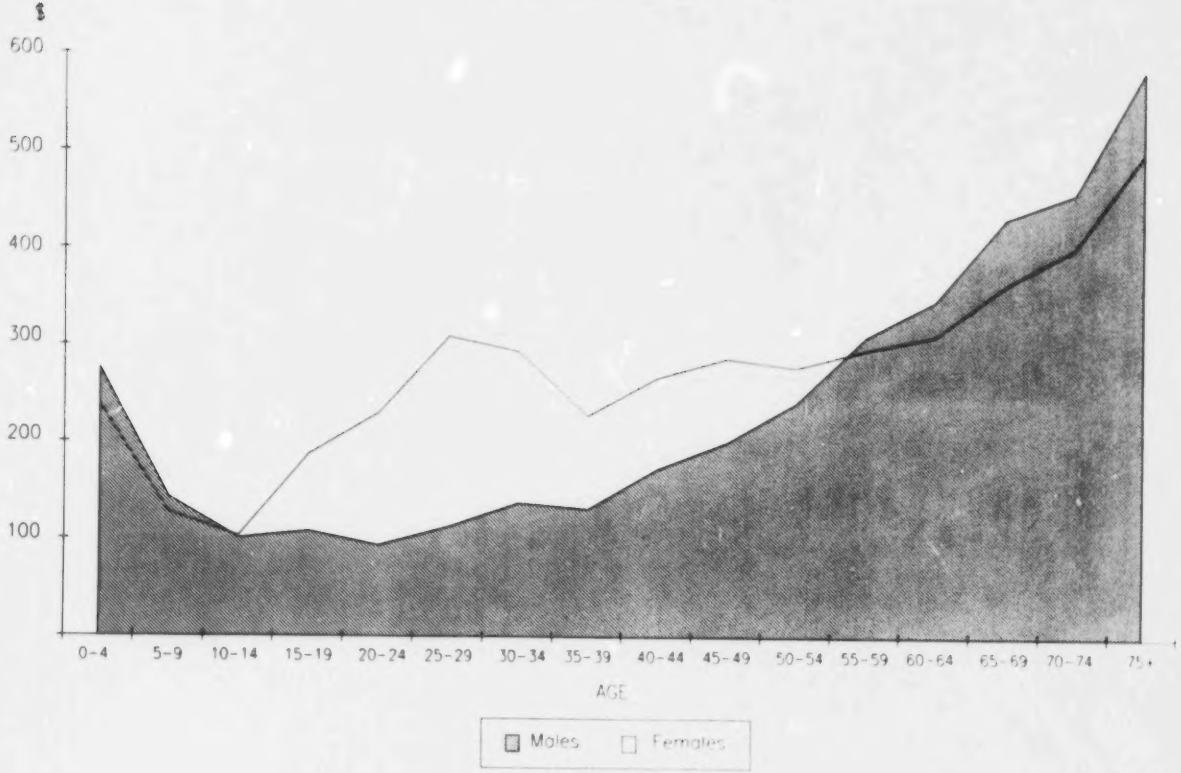


Figure 8

Table 8.0
Physicians Services
MSI Payments to Institutions for Services Performed by Salaried Physicians[1]
by Physician's Specialty

Physician	Amount Paid[2] 12 Months Ended March 31, 1988	Amount Paid[2] 12 Months Ended March 31, 1989	% Increase Amount Paid
General practice	$2,992,173	$3,605,490	20.5
Psychiatry	4,064,434	3,854,943	-5.2
Other	64,928	114,323	76.1
TOTAL	$7,121,535	$7,574,756	6.4

1. Data in this table include all amounts actually paid during fiscal 1988-89. Data reported elsewhere are on an incurred basis and include an estimate of amounts incurred but not billed at year-end.

2. These figures include the following for overhead expenses:

	1987-88	1988-89
General practice	$ 501,344	$ 543,750
Psychiatry	747,228	650,586
Other	10,020	18,266
TOTAL	$1,258,592	$1,212,602

NOVA SCOTIA MEDICAL SERVICES INSURANCE
1988-1989
SECTION THREE
DENTAL SERVICES

Table 1
MSI Dental Plans
Payment and Utilization Summary

Payment Summary

	1987-88	1988-89
Children's Dental & Dental Surgical[1]		
Services in Nova Scotia	$14,732,808	$14,816,831
Services outside Nova Scotia	12,030	11,666
TOTAL	$14,744,838	$14,828,497
Special Dental Programs[2]	229,335	210,248
TOTAL dental payments	$14,974,173	$15,038,745

Utilization Summary

	Dental Surgical		Children's Dental	
	1987-88	1988-89	1987-88	1988-89
Services rendered	32,722	32,975	513,592	500,833
Amount paid	$2,575,378	$2,686,084	$12,169,460	$12,142,413
Persons insured	867,900	871,600	201,000	199,300
Persons receiving insured services (beneficiaries)	10,560	10,408	126,968	125,784
Percentage of persons insured	1.2%	1.2%	63.2	63.1%
Services per insured person	.04	.04	2.56	2.51
Paid per insured person	$2.97	$3.08	$60.54	$60.93
Services per beneficiary	3.10	3.17	4.05	3.98
Paid per beneficiary	$243.88	$258.08	$95.85	$96.53

1. The Children's Dental Plan covers all children under 16 years of age.

2. Special Dental Programs include persons who have a cleft palate; in-hospital services to persons who are severely mentally retarded; children at the Halifax School for the Blind born prior to 1967; and uninsured services to persons over 16 years of age approved under special consideration. Amounts paid were:

	1987-88	1988-89
Cleft Palate	$199,011	$175,294
Mental Retardation	29,382	26,428
School for the Blind	942	757
Special Consideration — Adult		7,769

Additional information on the Cleft Palate Plan is reported in Tables 15 to 17.

Table 2
MSI Children's Dental Plan
Payments to Dentists by Area

County	April 1, 1987 to March 31, 1988 Dentists Paid	Paid	Percentage of Total Paid	April 1, 1988 to March 31, 1989 Dentists Paid	Paid	Percentage of Total Paid
Annapolis	6	$299,294	2.5%	6	$262,351	2.2%
Antigonish	8	424,281	3.5	8	441,361	3.6
Cape Breton	42	1,900,934	15.6	40	1,821,109	15.0
Colchester	16	516,202	4.2	23	529,250	4.4
Cumberland	10	405,207	3.3	11	446,497	3.7
Digby	6	277,659	2.3	6	283,765	2.3
Guysborough	3	78,654	0.6	3	104,419	0.9
Halifax	192	4,550,022	37.4	204	4,568,156	37.6
Hants	9	442,960	3.6	7	396,661	3.3
Inverness,[1] Richmond, & Victoria	10	605,756	5.0	10	608,869	5.0
Kings	21	705,948	5.8	21	717,141	5.9
Lunenburg	14	663,313	5.5	14	654,760	5.4
Pictou	15	721,896	5.9	17	723,262	5.9
Queens	4	153,023	1.3	4	144,458	1.2
Shelburne	3	141,243	1.2	4	142,138	1.2
Yarmouth	7	278,230	2.3	8	292,994	2.4
TOTAL	366	$12,164,622	100.0%	386	$12,137,191	100.0%
Out-of-province	—	4,838	—	—	5,222	—
GRAND TOTAL	366	$12,169,460	—	386	$12,142,413	—
Payments to Urban Areas						
Halifax-Dartmouth Urban	189	4,363,338	35.9	199	4,409,947	36.3
Sydney City	24	825,194	6.8	21	740,359	6.1
TOTAL	213	$5,188,532	42.7	220	$5,150,306	42.4%

1. Payments were made to one dentist in Victoria, and two in Richmond County in 1987-88 and 1988-89.

2. The Halifax-Dartmouth urban area includes the area within a perimeter bounded by Halifax, Middle Sackville, and Dartmouth.

Table 3
MSI Children's Dental Plan
Amount Paid and Expenditure per Insured Person[1]
1987-88 and 1988-89

Age	Amount Paid		Expenditure per Insured Person[1]		
	1987-88	1988-89	1987-88	1988-89	% Change
Less than 1	$1,571	$1,781	$.13	$.15	15.4
1	23,659	26,338	1.94	2.19	12.9
2	166,991	162,395	13.58	13.20	-2.8
3	496,225	509,801	40.02	41.11	2.7
4	662,725	658,805	53.88	53.13	-1.4
5	762,456	772,728	61.49	62.82	2.2
6	891,096	896,071	73.64	72.26	-1.9
7	1,018,983	1,004,532	82.18	83.02	1.0
8	1,049,500	1,057,355	84.64	85.96	1.6
9	985,820	1,027,477	80.80	82.86	2.5
10	917,638	929,792	75.22	76.21	1.3
11	905,797	876,328	70.77	71.83	1.5
12	915,581	899,437	70.43	70.82	0.6
13	968,759	951,812	75.10	73.22	-2.5
14	1,051,329	983,203	77.88	76.22	-2.1
15	1,241,692	1,272,282	90.63	94.24	4.0
16	109,638	112,276	—	—	—
TOTAL	$12,169,460	$12,142,413	$60.54	$60.93	0.6

1. Insured population in 1988 is shown in Table 4. Coverage for 16-year-olds terminates at the end of the month during which they reach age 16.

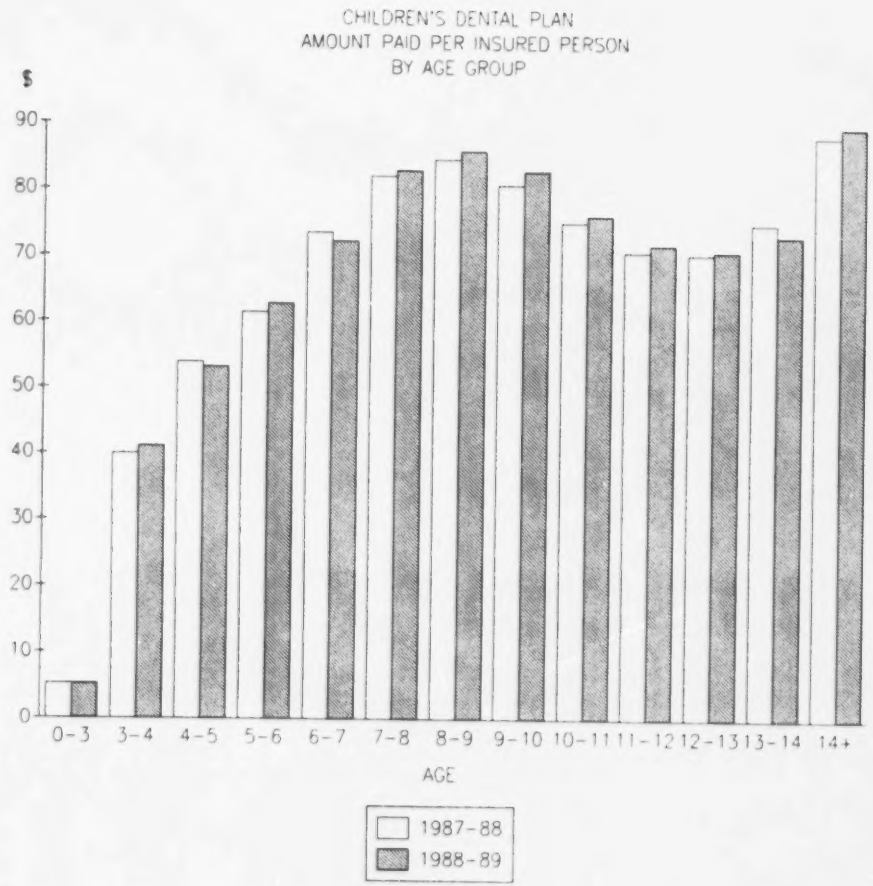

CHILDREN'S DENTAL PLAN
AMOUNT PAID PER INSURED PERSON
BY AGE GROUP
$
90
80
70
60
50
40
30
20
10
0
0-3
3-4
4-5
5-6
6-7
7-8
8-9
9-10
10-11
11-12
12-13
13-14
14+
AGE
1987-88
1988-89

Figure 9

Table 4
MSI Children's Dental Plan
Utilization Rates and Expenditure per Beneficiary
April 1, 1988 to March 31, 1989

Age	Insured[1]	Beneficiaries[2]	Utilization Rate	Expenditure per Beneficiary
Less than 1	12,200	72	0.6	$24.74
1	12,000	512	4.3	51.44
2	12,300	2,340	19.0	69.40
3	12,400	7,055	56.9	72.26
4	12,400	8,554	69.0	77.02
5	12,300	9,146	74.4	84.49
6	12,400	9,732	78.5	92.07
7	12,100	9,771	80.8	102.81
8	12,300	9,904	80.5	106.76
9	12,400	9,900	79.8	103.79
10	12,200	9,602	78.7	96.83
11	12,200	9,590	78.6	91.38
12	12,700	9,720	76.5	92.53
13	13,000	9,454	72.7	100.68
14	12,900	9,468	73.4	103.84
15	13,500	10,506	77.8	121.10
16	—	458	—	245.14
TOTAL	199,300	125,784	63.1	$96.53
Ages 3 to 16	162,800	122,860	75.5	$97.28

1. Insured population is the estimated population as of December 1988. Population estimates were derived from Family Allowance data.

2. Children who received services before and after a birthday are counted as of the younger age. Consequently, the number of children who received services after reaching age 16 may be somewhat higher than shown.

Table 5
Children's Dental Plan Expenditure
for Children Aged 3 and over by Area of Residence
April 1, 1988 to March 31, 1989

County	Insured[1] Population	Amount Paid	Expenditure per Insured
Annapolis	4,200	$261,797	$62.33
Antigonish	4,400	377,653	85.83
Cape Breton	24,700	1,800,833	72.91
Colchester	8,400	536,763	63.90
Cumberland	6,200	485,247	78.27
Digby	3,800	258,261	67.96
Guysborough	2,600	227,594	87.54
Halifax	53,000	3,831,350	72.29
Hants	7,600	663,880	87.35
Inverness	4,700	379,987	80.85
Kings	10,200	749,761	73.51
Lunenburg	8,000	614,435	76.80
Pictou	10,200	739,577	72.51
Queens	2,300	159,532	69.36
Richmond	2,500	215,005	86.00
Shelburne	3,400	226,789	66.70
Victoria	1,700	131,279	77.22
Yarmouth	4,900	292,788	59.75
TOTAL	162,800	$11,952,531	$73.42

1. Insured population by county was estimated by applying the population distribution of children aged 3 to 15 as of the 1986 census to the insured population shown in Table 4.

2. The breakdown of expenditure by county is based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county, and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in the amount paid associated with Hants County, given that some residents of Halifax County have postal addresses in Hants.

Table 6
Children's Dental Plan Utilization Rates and Expenditure per Patient for Children Aged 3 and over by Area of Residence
April 1, 1988 to March 31, 1989

County	Insured[1] Population	Beneficiaries[2]	Utilization Rate	Expenditure per Patient
Annapolis	4,200	2,956	70.4	$ 88.56
Antigonish	4,400	3,717	84.5	101.60
Cape Breton	24,700	17,571	71.1	102.49
Colchester	8,400	5,993	71.3	89.56
Cumberland	6,200	4,405	71.0	110.16
Digby	3,800	2,924	76.9	88.32
Guysborough	2,600	1,659	63.8	137.19
Halifax	53,000	41,486	78.3	92.35
Hants	7,600	6,889	90.6	96.37
Inverness	4,700	3,420	72.8	111.11
Kings	10,200	8,155	80.0	91.94
Lunenburg	8,000	5,831	72.9	105.37
Pictou	10,200	7,750	76.0	95.43
Queens	2,300	1,546	67.2	103.19
Richmond	2,500	1,765	70.6	121.82
Shelburne	3,400	2,295	67.5	98.82
Victoria	1,700	1,173	69.0	111.92
Yarmouth	4,900	3,643	74.3	80.37
TOTAL	162,800	123,178	75.7	$ 97.03

1. Insured population by county was estimated by applying the population distribution of children aged 3 to 15 as of the 1986 census to the insured population shown in Table 4.

2. Data in Table 4 shows 122,860 beneficiaries 3 years of age or over. Children who received services both before and after their third birthday were shown as age 2 in Table 4, but are included in the 3 and over group in this table.

   Qualifications in Table 5, Note 2, apply to the distribution of beneficiaries by county.

Table 7
MSI Children's Dental Plan
Services and Payments by Type of Service
1987-88 and 1988-89

	Services			Paid		
	1987-88	1988-89	Percentage Change	1987-88	1988-89	Percentage Change
Diagnostic	201,523	199,216	-1.1	$ 2,740,244	$ 2,799,548	2.2
Per cent	39.6	40.1		22.9	23.4	
Preventive	108,492	108,009	-0.4	2,363,629	2,464,781	4.3
Per cent	21.3	21.7		19.7	20.6	
Preventive orthodontics	3,530	3,763	6.6	300,404	341,231	13.6
Per cent	0.7	0.8		2.5	2.9	
Restorative	159,007	149,078	-6.2	5,303,123	5,047,132	-4.8
Per cent	31.2	30.0		44.3	42.2	
Oral surgery	28,599	27,918	-2.4	744,755	763,402	2.5
Per cent	5.6	5.6		6.2	6.4	
Endodontics	7,101	7,199	-1.4	488,059	495,364	1.5
Per cent	1.4	1.5		4.1	4.1	
Other[1]	1,317	1,588	20.6	35,232	42,009	19.2
Per cent	0.2	0.3		0.3	0.4	
Sub-total	509,569	496,771	-2.5	$11,975,446	$11,953,467	-0.2
Per cent	100.0	100.0		100.0	100.0	
Lab fees	4,023	4,062	1.0	194,014	188,946	-2.6
TOTAL	513,592	500,833	-2.5	$12,169,460	$12,142,413	-0.2

1. Includes periodontics and prosthetics:

	Services		Paid	
	1987-88	1988-89	1987-88	1988-89
Periodontics	1,262	1,533	$27,931	$34,054
Prosthetics	55	55	$ 7,301	$ 7,955

NOTE: As of November 1, 1982 coverage for preventive orthodontics was limited to space maintainers.

Table 8
Children's Dental Plan
Summary of Services by Age and Type of Service

(A) Total Services April 1, 1988 to March 31, 1989[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less than 1	79	2	—	3	5	—	89
1	618	76	4	189	45	41	974
2	2,688	1,283	27	1,428	136	207	5,772
3	8,136	5,426	86	5,307	232	461	19,653
4	11,326	7,326	110	8,267	365	669	28,086
5	13,736	7,987	199	9,955	1,053	846	33,798
6	15,426	8,360	379	11,640	2,304	812	38,945
7	16,030	8,636	579	13,062	2,954	837	42,164
8	16,527	8,794	638	13,626	3,185	761	43,601
9	16,440	8,809	693	11,836	3,471	677	42,032
10	16,110	8,615	494	9,419	3,805	403	38,972
11	15,825	8,395	318	8,877	3,588	224	37,374
12	16,174	8,562	180	10,059	2,813	215	38,176
13	15,784	8,320	111	12,235	1,765	263	38,704
14	15,619	8,139	84	13,370	1,204	295	38,959
15	17,752	8,912	99	17,857	934	442	46,327
16	697	367	11	1,948	59	46	3,145
TOTAL	198,967	108,009	4,012	149,078	27,918	7,199	496,771

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less than 1	—	—	—	—	—	—	—
1	0.3	0.1	0.1	0.1	0.2	0.6	0.2
2	1.4	1.2	0.7	1.0	0.5	2.9	1.2
3	4.1	5.0	2.1	3.6	0.8	6.4	4.0
4	5.7	6.8	2.7	5.5	1.3	9.3	5.7
5	6.9	7.4	5.0	6.7	3.8	11.7	6.8
6	7.8	7.7	9.4	7.8	8.3	11.3	7.8
7	8.1	8.0	14.4	8.8	10.6	11.6	8.5
8	8.3	8.1	15.9	9.1	11.4	10.6	8.8
9	8.3	8.2	17.3	7.9	12.4	9.4	8.5
10	8.1	8.0	12.3	6.3	13.6	5.6	7.8
11	8.0	7.8	7.9	6.0	12.9	3.1	7.5
12	8.1	7.9	4.5	6.7	10.1	3.0	7.7
13	7.9	7.7	2.8	8.2	6.3	3.7	7.8
14	7.8	7.5	2.1	9.0	4.3	4.1	7.8
15	8.9	8.3	2.5	12.0	3.3	6.1	9.3
16	0.3	0.3	0.3	1.3	0.2	0.6	0.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

1. Lab fees are not counted as services in this table.
2. Periodontics and prosthetics are included in the total column only.

Table 9

Children's Dental Plan

Summary of Amounts Paid by Age and Type of Service

(A) Amounts Paid April 1, 1988 to March 31, 1989[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less than 1	$1,516	$46	$ —	$103	$116	$ —	$1,781
1	12,603	1,696	371	8,761	1,386	1,516	26,338
2	59,239	28,594	3,977	58,371	4,972	7,185	162,395
3	167,356	122,407	12,553	184,041	7,552	15,700	509,801
4	184,356	166,224	14,739	261,227	10,230	21,596	658,805
5	202,098	182,057	24,479	308,155	28,678	26,764	772,728
6	214,601	190,854	46,372	356,867	61,569	25,411	896,071
7	216,395	197,319	71,844	411,871	78,365	26,998	1,004,532
8	221,270	200,884	78,289	438,030	84,861	32,642	1,057,355
9	217,539	201,321	85,612	390,165	91,372	38,758	1,027,477
10	212,278	196,917	65,813	322,317	100,561	29,277	929,792
11	207,721	192,062	41,022	307,274	95,633	28,853	876,328
12	212,049	195,935	21,464	354,152	74,837	35,744	899,437
13	207,547	190,341	11,774	437,756	50,370	48,027	951,812
14	205,693	186,080	8,546	482,144	36,712	57,858	983,203
15	237,040	203,689	8,474	683,975	34,252	94,634	1,272,282
16	9,306	8,355	1,213	80,753	2,602	9,481	112,276
TOTAL	$2,788,606	$2,464,781	$496,542	$5,085,962	$764,068	$500,444	$12,142,413

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less than 1	0.1	—	—	—	—	—	—
1	0.5	0.1	0.1	0.2	0.2	0.3	0.2
2	2.1	1.2	0.8	1.1	0.6	1.4	1.3
3	6.0	5.0	2.5	3.6	1.0	3.1	4.2
4	6.6	6.7	3.0	5.1	1.3	4.3	5.4
5	7.2	7.4	4.9	6.1	3.7	5.4	6.4
6	7.7	7.7	9.3	7.0	8.1	5.1	7.4
7	7.8	8.0	14.5	8.1	10.3	5.4	8.3
8	7.9	8.2	15.8	8.6	11.1	6.5	8.7
9	7.8	8.2	17.2	7.7	12.0	7.7	8.5
10	7.6	8.0	13.3	6.3	13.2	5.9	7.7
11	7.5	7.8	8.3	6.0	12.5	5.8	7.2
12	7.6	7.9	4.3	7.0	9.8	7.1	7.4
13	7.4	7.7	2.4	8.6	6.6	9.6	7.8
14	7.4	7.5	1.7	9.5	4.8	11.6	8.1
15	8.5	8.3	1.7	13.5	4.5	18.9	10.5
16	0.3	0.3	0.2	1.6	0.3	1.9	0.9
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

1. Lab fees are shown by type of service in this table. They are shown separately in Table 7.
2. Periodontics and prosthetics are included in the total column only.

CHILDREN'S DENTAL PLAN

DISTRIBUTION OF PAYMENTS BY TYPE OF SERVICE AND AGE GROUP

PERCENTAGE DISTRIBUTION BY AGE GROUP

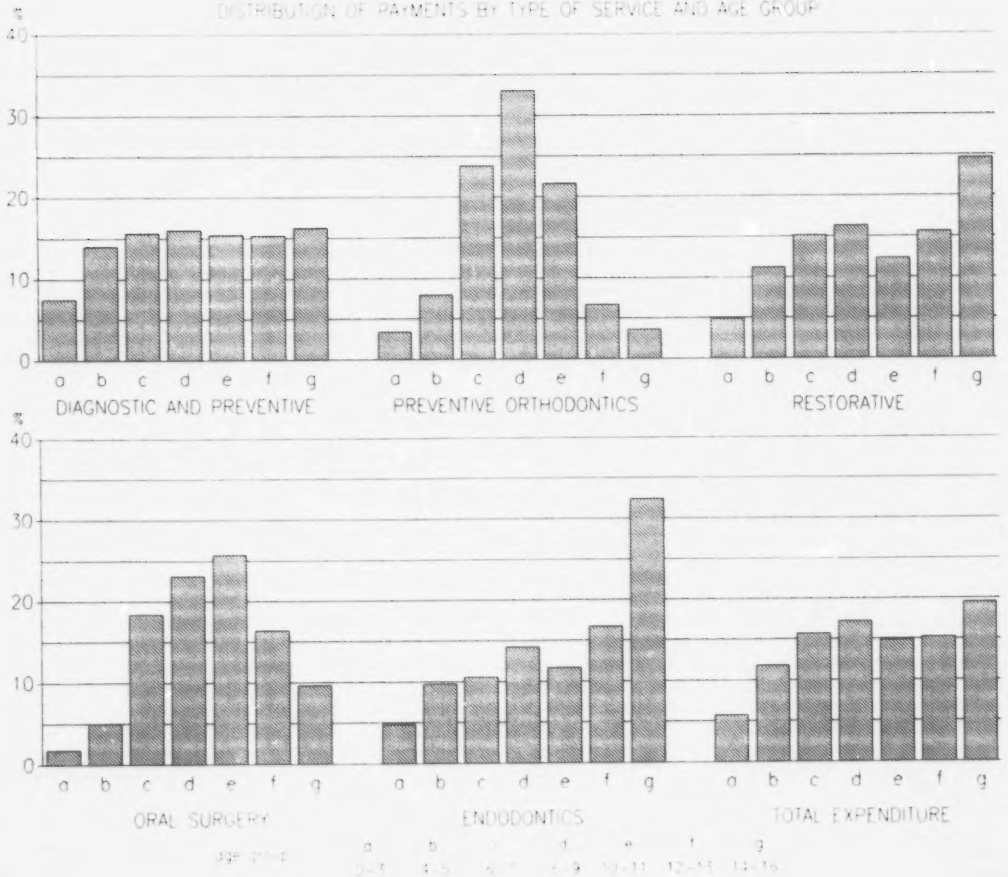


Figure 10

Table 10
MSI Dental Surgical Plan
Payments to Dentists by County
April 1, 1988 to March 31, 1989

County	Number of Dentists	Amount Paid	Percentage of Total
Annapolis	4	$1,477	0.1
Antigonish	2	14,263	0.5
Cape Breton	7	190,754	7.1
Colchester	4	15,065	0.6
Cumberland	6	9,237	0.4
Digby	3	592	—
Guysborough	—	—	—
Halifax	14	1,906,518	71.2
Hants	3	9,052	0.3
Inverness,[1] Richmond, & Victoria	3	13,785	0.5
Kings	6	417,939	15.6
Lunenburg	5	4,431	0.2
Pictou	5	91,726	3.4
Queens	2	781	—
Shelburne	2	293	—
Yarmouth	3	3,727	0.1
TOTAL	69	$2,679,640	100.0
Out-of-Province	—	6,444	—
GRAND TOTAL	69	$2,686,084	—

1. Counties where the number of dentists paid under the Children's Dental and Dental Surgic Plans was less than three are combined to preserve confidentiality.

Table 11
MSI Dental Surgical Plan
Amount Paid by Type of Service
1987-88 and 1988-89

	April 1987 to March 1988		April 1988 to March 1989		
	Paid	% of Dental Surgical	Paid	% of Dental Surgical	Percentage Change
Surgical removal of erupted teeth	$167,992	6.5%	$166,625	6.2%	- 0.8%
Surgical removal of impacted teeth	1,620,386	62.9	1,663,718	61.9	2.8
Surgical removal of residual roots	92,270	3.6	94,434	3.5	2.3
Correction of prognathism	166,475	6.5	173,693	6.5	4.3
Correction of micronathism	215,930	8.4	252,191	9.1	16.8
Other services	312,325	12.1	335,423	12.5	7.4
TOTAL	$2,575,378	100.0%	$2,686,084	100.0%	4.3%

Table 12
Dental Surgical Plan
Distribution by Age
April 1, 1988 to March 31, 1989

Age	Patients	Services	Amount Paid	Paid per Patient
Less than 10	165	226	$ 14,947	$ 90.59
10-14	500	1,684	162,973	325.95
15-19	3,374	12,780	1,048,651	310.80
20-24	2,424	8,175	632,489	260.93
25-29	1,406	4,133	331,043	235.45
30-34	744	1,963	173,775	233.57
35-39	472	1,194	102,288	216.71
40-44	276	632	55,620	201.52
45-49	212	444	35,741	168.59
50-54	176	376	31,789	180.62
55-59	157	351	27,633	176.01
60-64	144	280	21,822	151.54
65-69	143	311	22,071	154.34
70 +	215	426	25,242	117.40
TOTAL	10,408	32,975	$2,686,084	$258.08

Table 13
Payments to Nova Scotia Dentists by Specialty
April 1, 1988 to March 31, 1989
Children's Dental Plan

Specialty	Fiscal 1987-88 Dentists	Fiscal 1987-88 Paid	Fiscal 1988-89 Dentists	Fiscal 1988-89 Paid	Percentage Change
General practice	320	$11,349,955	338	$11,221,276	-1.1%
Endodontics	5	64,718	5	60,588	-6.4
Orthodontics	10	13,329	10	22,175	66.4
Oral surgery	11	28,676	12	49,982	74.3
Pedodontics	7	691,910	7	763,703	10.4
Periodontics	8	13,854	9	17,205	24.2
Prosthetics	5	2,180	5	2,262	3.6
TOTAL	366	$12,164,622	386	$12,137,191	-0.2

Dental Surgical

Specialty	Fiscal 1987-88 Dentists	Fiscal 1987-88 Paid	Fiscal 1988-89 Dentists	Fiscal 1988-89 Paid	Percentage Change
General practice	44	$ 116,692	53	$ 108,005	7.4%
Orthodontics	1	100	—	—	-100.0
Oral surgery	11	2,443,705	12	2,567,146	5.1
Pedodontics	4	7,689	3	4,388	-42.9
Periodontics	—	—	1	101	N/A
Prosthetics	—	—	—	—	N/A
TOTAL	60	$2,568,186	69	$2,679,640	4.3

Table 14
MSI Dental Plan
Payments to Dentists, by Payment Range
1987-88 and 1988-89

	Less than $5,000		$5,000 -9,999		$10,000 -14,999		$15,000 -19,999		$20,000 -29,999	
	88	89	88	89	88	89	88	89	88	89
Children's Dental										
General practitioners	39	47	29	29	29	25	24	28	46	59
Specialists	34	33	2	4	2	1	2	3	1	2
TOTAL	73	80	31	33	31	26	26	31	47	61
Dental Surgical										
General practitioners	37	47	3	3	3	2	1	—	—	1
Specialists	5	4	1	—	—	—	—	—	—	—
TOTAL	42	51	4	3	3	2	1	—	—	1

	$30,000 -39,999		$40,000 -49,999		$50,000 -99,999		$100,000 and over		Total	
	88	89	88	89	88	89	88	89	88	89
Children's Dental										
General practitioners	32	33	31	37	80	70	10	10	320	338
Specialists	—	—	1	1	2	1	2	3	46	48
TOTAL	32	33	32	38	82	71	12	13	366	386
Dental Surgical										
General practitioners	—	—	—	—	—	—	—	—	44	53
Specialists	—	—	—	—	—	4	10	8	16	16
TOTAL	—	—	—	—	—	4	10	8	60	69

CHILDREN'S DENTAL PLAN
DISTRIBUTION OF DENTISTS BY PAYMENT RANGE

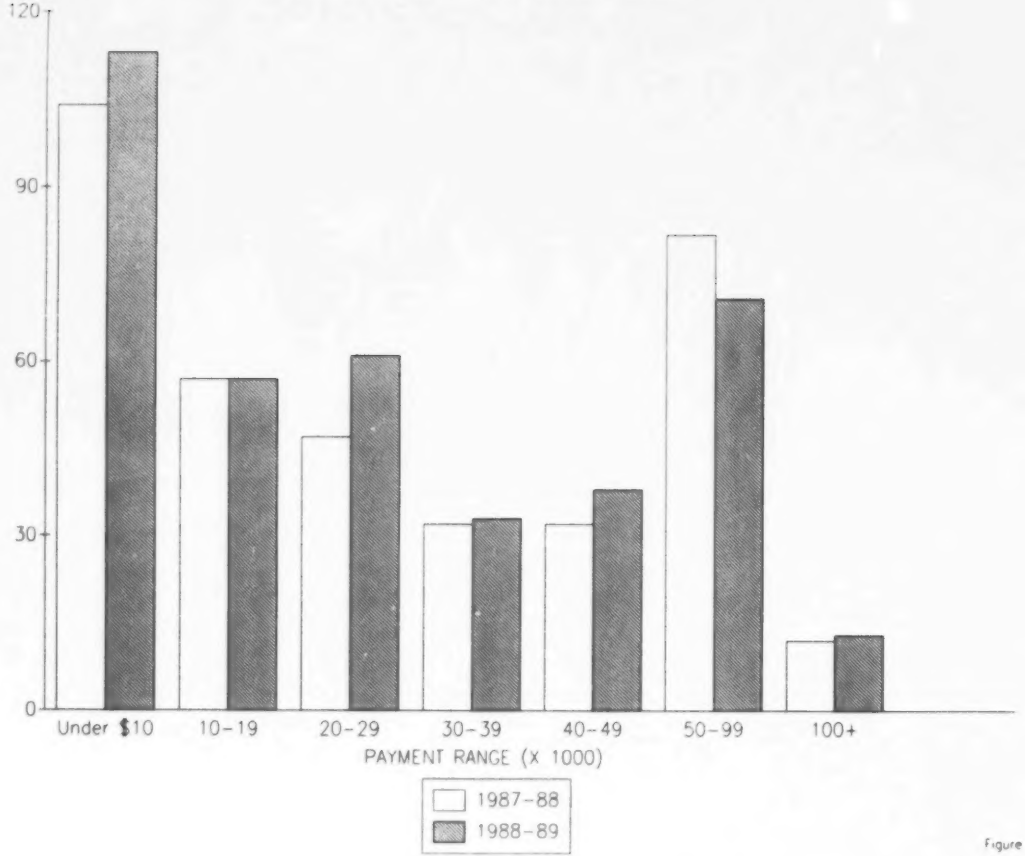


Figure 11

Table 15
Cleft Palate Plan
Payment and Utilization Summary
April 1, 1988 to March 31, 1989

	1987-88	1988-89	Percentage Change
Children insured by both the Cleft Palate Program and the Children's Dental Plan			
Services	1,671	1,810	8.3
Amount paid	$110,174	$105,038	- 4.7
Persons not insured by the Children's Dental Plan			
Services	829	785	- 5.3
Amount paid	$ 84,497	$ 70,256	-16.9
Retroactive payment	$ 4,340	—	N/A
Total paid	$199,011	$175,294	-11.9
Persons registered for coverage	581	549	- 5.5
Expenditure per insured	$342.53	$319.30	- 6.8
Beneficiaries	426	434	1.4
Insured by the Children's Dental Plan	310	328	5.8
Not insured by the Children's Dental Plan	116	106	- 8.6
Percentage of insured persons who received benefits	73.3%	79.1%	
Expenditure per beneficiary	$467.16	$403.90	-13.5

Table 16
Distribution of Cleft Palate Expenditure
Services And Payments by Type of Service
1987-88 and 1988-89

	Services			Paid		
	1987-88[1]	1988-89	Percentage Change	1987-88[1]	1988-89	Percentage Change
Diagnostic	857	902	5.3	$ 15,752	$ 16,675	5.9
Per cent	35.0	35.5		8.5	9.8	
Preventive	293	278	-5.1	5,785	6,453	11.5
Per cent	12.0	10.9		3.1	3.8	
Orthodontics	561	566	0.9	117,171	100,300	-14.4
Per cent	22.9	22.3		62.8	58.7	
Restorative	408	529	29.7	15,139	18,820	24.3
Per cent	16.6	20.8		8.1	11.0	
Oral surgery	147	101	-31.3	3,790	3,332	-12.1
Per cent	6.0	4.0		2.0	1.9	
Endodontics & periodontics	54	47	-13.0	4,406	2,297	-47.9
Per cent	2.2	1.8		2.4	1.3	
Prosthetics	71	62	-12.7	11,804	12,729	7.8
Per cent	2.9	2.4		6.3	7.4	
Dental surgery	58	58	—	12,630	10,406	-17.6
Per cent	2.4	2.3		6.8	6.1	
Sub-total	2,449	2,543	3.8	$186,477	$171,012	-8.3
Per cent	100.0	100.0		100.0	100.0	
Lab fees	51	52	2.0	8,194	4,282	-47.7
TOTAL	2,500	2,595	3.8	$194,671	$175,294	-10.0

1. Does not include the retroactive payment made in October 1987.

Table 17
Distribution of Cleft Palate Expenditure
By Age of Patients
April 1, 1988 to March 31, 1989[1]

Age	Patients	Percentage	Paid	Percentage	Paid per Patie
0-9	193	44.5	$ 19,556	11.1	$ 101.3
10-19	185	42.6	111,422	63.6	602.2
20-22	29	6.7	16,116	9.2	555.7
23 +	27	6.2	28,200	16.1	1,044.4
TOTAL	434	100.0	$175,294	100.0	$403.9

1. As of October 31, 1984, eligibility for the Cleft Palate Plan terminates at age 23. Exte
are sometimes granted at the discretion of the Health Services & Insurance Commi

NOVA SCOTIA MEDICAL SERVICES INSURANCE
1988-89
SECTION FOUR
OPTOMETRIC SERVICES

Table 1
Optometric Services
Payment and Utilization Summary

	1987-88	1988-89	Percentage Change
Payment Summary			
Payments to optometrists in Nova Scotia	$3,614,228	$4,212,977	16.6
Out-of-province	12,126	13,304	9.7
TOTAL	$3,626,354	$4,226,281	16.5
Utilization Summary			
Services rendered	129,176	144,272	11.7
Persons insured[1]	867,900	871,600	0.4
Persons receiving services (beneficiaries)	125,061	141,906	13.5
Percentage of persons insured	14.4	16.3	
Services per 1,000 insured	149	166	11.4
Expenditure per 1,000 insured	$4,178	$4,849	16.1
Services per 1,000 beneficiaries	1,033	1,017	-1.5
Expenditure per 1,000 beneficiaries	$28,997	$29,782	2.7

1. Estimates of insured population as of October 1 are 867,900 for 1987-88 and 871,600 for 1988-89. These figures exclude 13,400 individuals in the Armed Forces and RCMP in 1987-88, and 13,400 individuals in 1988-89.

Table 2
Optometric Services
Optometric Services in Urban and Rural Areas[1]

	1987-88	1988-89
Number of Optometrists Paid		
Urban	27	29
Rural	26	27
TOTAL	53	56
Number of Services Paid		
Urban	63,441	70,210
Rural	65,311	73,608
Out-of-province	424	454
TOTAL	129,176	144,272

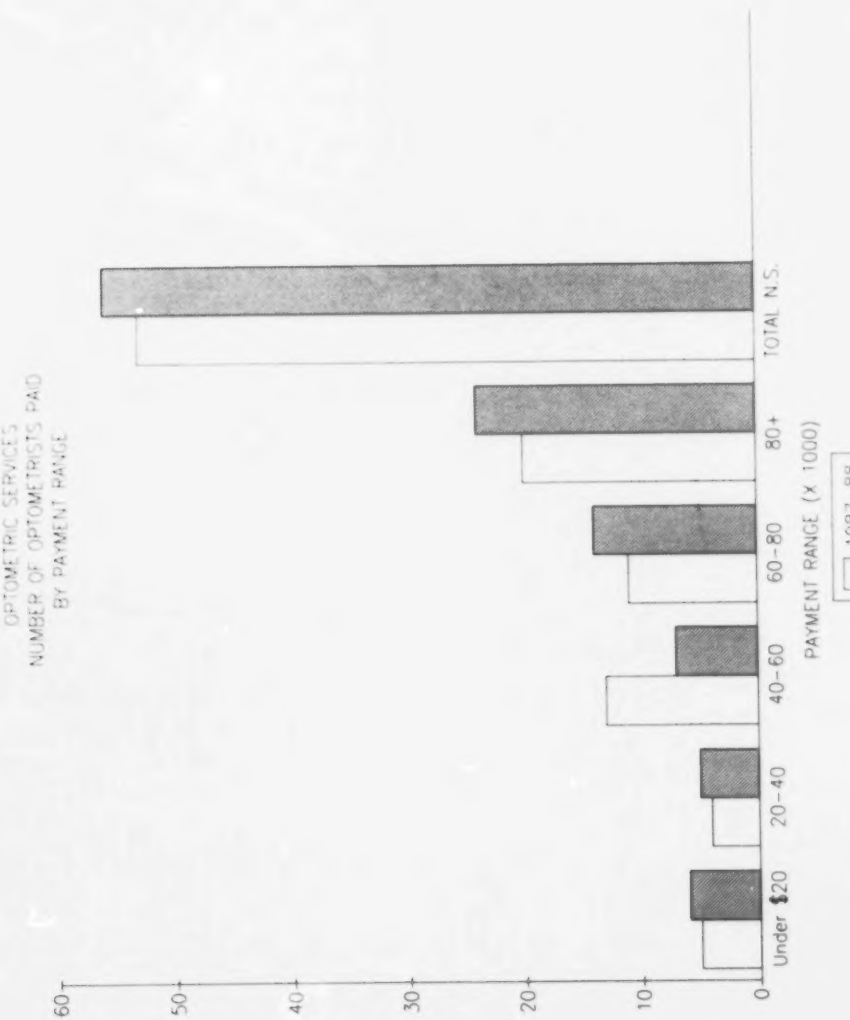
Amount Paid

	1987-88	% of Total	1988-89	% of Total
Urban	$1,780,760	49.1	$2,156,572	51.0
Rural	1,833,468	50.6	2,056,405	48.7
Out-of-province	12,126	0.3	13,304	0.3
TOTAL	$3,626,354	100.0	$4,226,281	100.0

1. Urban areas are defined as areas with population over 35,000. These areas include: Sydney Urban Area within a perimeter bounded by North Sydney, Sydney City, and Glace Bay; and the Halifax-Dartmouth Urban Area within a perimeter bounded by Halifax, Middle Sackville, and Dartmouth.

Table 3
Optometric Services
Number of Optometrists Paid, by Payment Range
1987-88 and 1988-89

Location	Less than $20,000		$20,000 -39,999		$40,000 -59,999		$60,000 -79,999		$80,000 and over		Total	
	88	89	88	89	88	89	88	89	88	89	88	89
Urban	3	4	2	3	5	2	7	8	10	12	27	29
Rural	2	2	2	2	8	5	4	6	10	12	26	27
TOTAL	5	6	4	5	13	7	11	14	20	24	53	56


OPTOMETRIC SERVICES
NUMBER OF OPTOMETRISTS PAID
BY PAYMENT RANGE
60
50
40
30
20
10
0
Under $20
20–40
40–60
60–80
80+
TOTAL N.S.
PAYMENT RANGE (X 1000)
1987–88

NOVA SCOTIA MEDICAL SERVICES INSURANCE
1988-89
SECTION FIVE
MSI PHARMACARE
CYSTIC FIBROSIS AND DIABETES INSIPIDUS

Table 1
MSI Pharmacare
Payment and Utilization Summary
April 1, 1988 to March 31, 1989

	1987-88	1988-89	Percentage Change
Payment Summary			
Payments for prescriptions dispensed			
by participating pharmacies	$53,386,727	$61,991,075	16.1
by other providers	565,071	614,554	8.8
by providers outside Nova Scotia	84,245	86,830	3.1
	$54,036,043	$62,692,459	16.0
Homes for special care[1]	656,539	799,814	21.8
TOTAL	$54,692,582	$63,492,273	16.1
Utilization Summary			
Persons insured	107,000	109,100	2.0
Persons receiving insured services (beneficiaries)[2]	100,615	102,495	1.9
Percentage of persons insured	94.0	94.0	
Prescriptions dispensed	2,453,975	2,582,960	5.3
Prescriptions per insured	22.9	23.7	3.5
Expenditure per insured	$511.15	$581.96	13.8
Prescriptions per beneficiary[2]	24.4	25.2	3.3
Expenditure per beneficiary[2]	$537.06	$611.66	13.9

1. Special payment arrangements are in effect for residents of certain homes for special care. These include reimbursement of drug costs and payments for pharmacy services on a sessional or capitation fee basis.

2. Excludes persons residing in nursing homes that are authorized providers of prescription drugs.

Table 2
MSI Pharmacare
Prescriptions and Amount Paid by County of Provider[1]
April 1, 1988 to March 31, 1989

County	Providers Paid 1987-88	Providers Paid 1988-89	Number of Prescriptions 1987-88	Number of Prescriptions 1988-89
Annapolis	4	4	78,261	82,577
Antigonish	7	5	52,689	56,709
Cape Breton	30	29	327,762	351,946
Colchester	12	12	117,117	121,557
Cumberland	14	12	137,974	144,863
Digby	6	7	86,959	87,718
Guysborough	6	5	32,177	30,167
Halifax	107	108	673,232	715,232
Hants	14	17	104,504	111,606
Inverness	7	7	70,164	75,123
Kings	17	17	161,181	167,320
Lunenburg	11	10	162,215	168,486
Pictou	18	17	179,976	186,306
Queens	3	3	51,833	53,416
Richmond	2	2	37,473	38,337
Shelburne	5	5	53,788	57,396
Victoria	2	2	21,831	24,533
Yarmouth	7	7	100,639	105,661
Out-of-province	—	—	4,200	4,007
TOTAL	272	269	2,453,975	2,582,960

County	Amount Paid 11987-88	Amount Paid 1988-89	Paid per Prescription 1987-88	Paid per Prescription 1988-89
Annapolis	$ 1,638,434	$ 1,906,534	$20.94	23.09
Antigonish	1,146,133	1,349,762	21.75	23.80
Cape Breton	7,357,660	8,704,170	22.45	24.73
Colchester	2,804,575	3,226,842	23.95	26.55
Cumberland	3,006,567	3,459,529	21.79	23.88
Digby	1,788,500	1,999,603	20.57	22.80
Guysborough	585,762	607,944	18.20	20.15
Halifax	15,017,599	17,584,935	22.31	24.59
Hants	2,435,345	2,820,663	23.30	25.27
Inverness	1,506,027	1,785,233	21.46	23.76
Kings	3,515,900	4,006,735	21.81	23.95
Lunenburg	3,657,509	4,168,802	22.55	24.74
Pictou	3,872,665	4,382,965	21.52	23.53
Queens	1,095,488	1,258,116	21.13	23.55
Richmond	799,866	926,621	21.35	24.17
Shelburne	1,106,144	1,304,629	20.56	22.73
Victoria	444,390	527,429	20.36	21.50
Yarmouth	2,173,234	2,585,117	21.59	24.47
Out-of-province	84,245	86,830	22.02	21.67
TOTAL	$54,036,043	$62,692,459	$22.02	$24.27

1. Includes 244 pharmacies in 1988-89 and 25 other providers. Payments to nursing homes are not included in this table.

Table 3
MSI Pharmacare
Number of Insured Persons and Number of Beneficiaries by County of Residence
April 1, 1988 to March 31, 1989

County	Persons[1] Insured	Number of[2] Beneficiaries	Utilization Rate
Annapolis	3,800	3,516	92.5
Antigonish	2,300	2,051	89.2
Cape Breton	16,100	15,706	97.6
Colchester	6,200	5,770	93.1
Cumberland	6,100	5,637	92.4
Digby	3,600	3,237	89.9
Guysborough	1,900	1,685	88.7
Halifax	29,000	28,429	98.0
Hants	4,200	4,306	102.5
Inverness	2,900	2,800	96.6
Kings	6,600	6,248	94.7
Lunenburg	7,400	6,717	90.8
Pictou	7,300	6,876	94.2
Queens	2,200	2,032	92.4
Richmond	1,700	1,588	93.4
Shelburne	2,300	2,208	96.0
Victoria	1,300	1,111	85.5
Yarmouth	4,200	4,029	95.9
TOTAL	109,100	103,069	94.5

1. Number of insured persons was estimated on the basis of the population distribution of persons 65 and over from the 1986 census, together with current estimates of total persons 65 and over as of October 1, 1988. The total number of persons eligible during the year would exceed the numbers shown due to deaths prior to October and persons becoming eligible after October.

2. The number of beneficiaries in each county do not add to the provincial total as some persons resided in more than one county during the year. Total beneficiary count is slightly higher than in other tables due to the inclusion of persons in certain homes for special care, which are not included in Table 1.

Table 4
MSI Pharmacare
Prescriptions and Amount Paid by County of Residence[1]
April 1, 1988 to March 31, 1989

County	Number of Prescriptions	Rx per Beneficiary	Amount Paid	Paid per Beneficiary
Annapolis	94.104	26.8	$ 2.195.146	$624.33
Antigonish	49.994	24.4	1.183.218	576.90
Cape Breton	382.877	24.4	9.015.160	573.99
Colchester	120.175	20.8	3.187.768	552.47
Cumberland	150.746	26.7	3.610.418	640.49
Digby	83.036	25.7	1.893.892	585.08
Guysborough	42.491	25.2	898.708	533.36
Halifax	698.666	24.6	17.109.949	601.85
Hants	110.801	25.7	2.811.329	652.89
Inverness	67.959	24.3	1.617.609	577.72
Kings	162.146	26.0	3.890.911	622.75
Lunenburg	169.750	25.3	4.200.197	625.31
Pictou	188.957	27.5	4.455.606	647.99
Queens	55.900	27.5	1.324.207	651.68
Richmond	45.236	28.5	1.084.102	682.68
Shelburne	59.458	26.9	1.357.842	614.96
Victoria	27.449	24.7	601.398	541.31
Yarmouth	104.736	26.0	2.561.967	635.88
TOTAL	2.614.481	25.4	$62.999.427	$611.24

1. Prescriptions and amounts paid in this table are slightly higher than in other tables due to the inclusion of prescriptions for persons in certain homes for special care, which are not included in Tables 1 and 2.

Table 5
Pharmacare Prescriptions and Amount Paid
April 1, 1988 to March 31, 1989
By Drug Classification

Drug Classification	Number of Prescriptions	Percentage of Total	Amount Paid	Percentage of Total
04 - Antihistaminics	20,727	0.8	$ 492,404	0.8
08 - Anti-Infective Agents	134,764	5.2	2,641,138	4.2
10 - Antineoplastic Agents	7,013	0.3	1,046,385	1.7
12 - Autonomic Agents	88,393	3.4	2,492,106	4.0
20 - Blood Formation & Coagulation	25,252	1.0	361,196	0.6
24 - Cardiovascular Drugs	544,024	21.1	16,754,486	26.7
28 - Central Nervous System Drugs				
0800 - Analgesics	308,333	11.9	7,796,997	12.4
1200 - Anticonvulsants	15,689	0.6	244,542	0.4
1600 - Psychotropics	76	-	2,609	-
1604 - Antidepressants	58,830	2.3	1,318,102	2.1
1608 - Tranquilizers	114,483	4.4	1,427,519	2.3
1612 - Other Psychotropics	1,883	0.1	36,303	0.1
2000 - Central Nervous System Stimulants	1,189	0.1	35,133	0.1
2400 - Sedatives and Hypnotics	132,889	5.1	1,844,221	2.9
Other	631	-	7,290	-
Sub-Total - Class 28	634,003	24.5	12,712,716	20.3
40 - Diuretics and Potassium Replacement Agents	282,074	10.9	$ 3,581,281	5.7
48 - Cough Preparations	26,010	1.0	463,038	0.7
52 - Eye, Ear, Nose & Throat Preparations	132,369	5.1	2,759,266	4.4
56 - Gastrointestinal Drugs	166,623	6.5	7,207,668	11.5
68 - Hormones & Substitutes	177,548	6.9	3,172,783	5.1
77 - Diabetic Supplies	39,658	1.5	920,979	1.5
84 - Skin & Mucous Membrane Preparations	73,990	2.9	1,510,564	2.4
86 - Spasmolytics	41,061	1.6	899,527	1.4
88 - Vitamins & Minerals	18,568	0.7	335,866	0.5
8885 - Ostomy Equipment	13,346	0.5	485,525	0.8
92 - Unclassified Therapeutic Agents	125,016	4.8	4,139,154	6.6
99 - Compounds	27,539	1.1	635,203	1.0
Other	4,982	0.2	81,174	0.1
TOTAL	2,582,960	100.0	$62,692,459	100.0

Table 5
MSI Pharmacare — Claims Aging (Cumulative)[1]
Paid April 1986 to March 1989

Date Dispensed	Prescriptions	Amount Paid	Paid per Rx
April 1986	192,719	$ 3,737,124	$ 19.39
May	192,539	3,786,310	19.67
June	185,924	3,665,409	19.71
July	190,819	3,917,702	20.53
August	182,989	3,664,723	20.03
September	192,693	3,852,579	19.99
October	203,992	4,135,336	20.27
November	185,456	3,771,495	20.34
December	205,478	4,182,135	20.35
January 1987	199,491	4,081,998	20.46
February	181,671	3,775,482	20.78
March	203,251	4,243,281	20.88
April	199,696	4,201,033	21.04
May	199,862	4,250,072	21.27
June	208,904	4,460,953	21.35
July	206,705	4,504,689	21.79
August	194,028	4,291,707	22.12
September	205,494	4,553,572	22.16
October	212,846	4,759,881	22.36
November	202,468	4,584,121	22.64
December	213,925	4,838,409	22.62
January 1988	204,793	4,672,965	22.82
February	202,403	4,642,508	22.94
March	225,665	5,221,248	23.14
April	204,318	4,744,905	23.22
May	215,862	5,067,641	23.48
June	220,014	5,190,483	23.59
July	203,003	4,903,203	24.15
August	217,667	5,244,063	24.09
September	217,259	5,287,446	24.34
October	216,491	5,349,489	24.71
November	217,963	5,442,613	24.97
December	223,170	5,531,564	24.79
January 1989	223,417	5,532,508	24.76
February	194,114	4,898,452	25.23
March[2]	60,107	1,508,175	25.09

1. Does not include Chedabucto Pharmacy.

2. The average paid per prescription for the most recent month may vary by a few cents from the average that will result when a larger proportion of claims incurred that month have been paid.

Table 7
MSI Pharmacare
Payments to Pharmacies and Other Providers by Payment Range
Fiscal 1987-88 and Fiscal 1988-89

	Less than $25,000		$25,000 -49,999		$50,000 -74,999		$75,000 -99,999		$100,000 -124,999	
	88	89	88	89	88	89	88	89	88	89
Pharmacies	42	28	12	14	16	11	8	15	11	7
Other providers	20	18	3	5	1	—	1	1	—	—
TOTAL	62	46	15	19	17	11	9	16	11	7

	$125,000 -149,999		$150,000 -199,999		$200,000 -249,999		$250,000 -299,999		$300,000 and over		Total	
	88	89	88	89	88	89	88	89	88	89	88	89
Pharmacies	12	12	29	23	23	27	22	23	71	84	246	244
Other providers	—	—	1	—	—	1	—	—	—	—	26	25
TOTAL	12	12	30	23	23	28	22	23	71	84	272	269

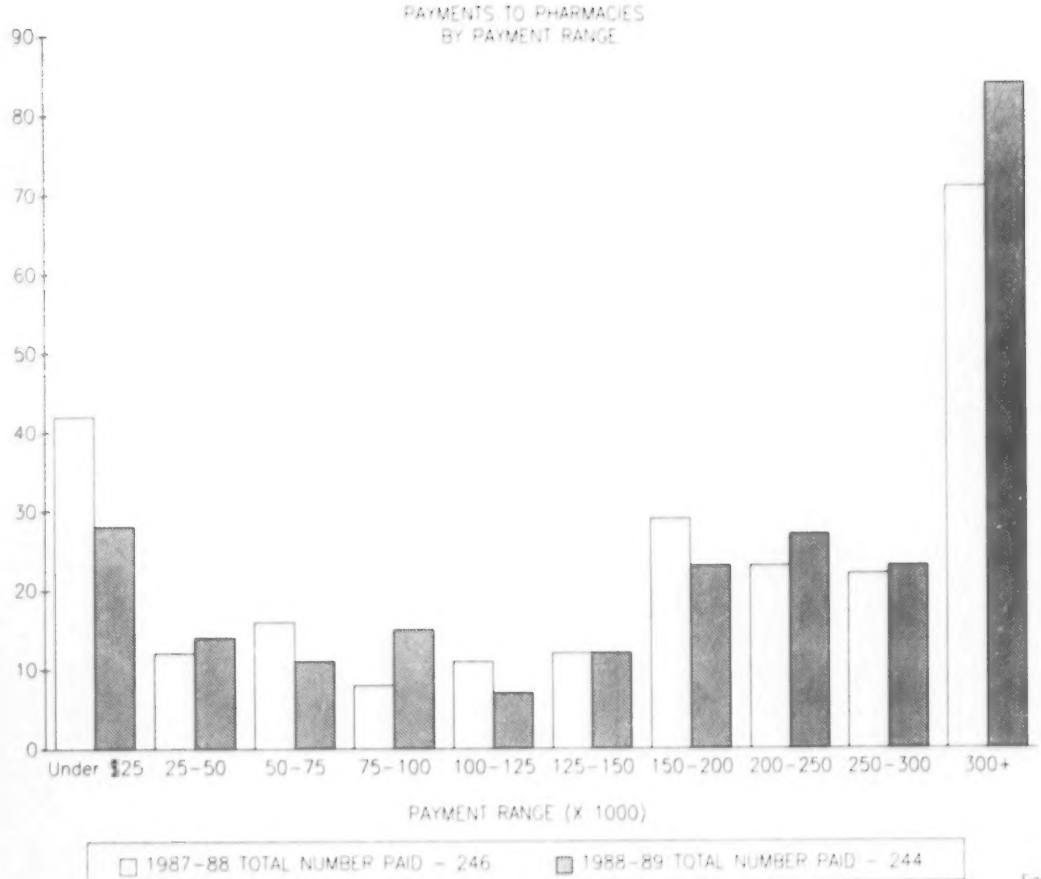

PAYMENTS TO PHARMACIES
BY PAYMENT RANGE
90
80
70
60
50
40
30
20
10
0
Under $25
25-50
50-75
75-100
100-125
125-150
150-200
200-250
250-300
300+
PAYMENT RANGE (X 1000)
1987-88 TOTAL NUMBER PAID - 246
1988-89 TOTAL NUMBER PAID - 244

Table 8
Cystic Fibrosis and Diabetes Insipidus Programs
Payment and Utilization Summary
April 1, 1988 to March 31, 1989

	1987-88	1988-89
Payment Summary		
Cystic Fibrosis		
Drugs	$448,946	$540,720
Equipment	27,524	21,790
TOTAL	$476,470	$562,510
Diabetes insipidus	$ 42,506	$ 57,986
Cancer Society	$105,406	$202,170
Utilization Summary		
Cystic fibrosis		
Insured persons	134	144
Expenditure per insured person	$3,556	$3,906
Diabetes insipidus		
Insured persons	42	47
Expenditure per insured person	$1,012	$1,234